



Leadership challenges facing the Ladysmith Provincial Hospital

by

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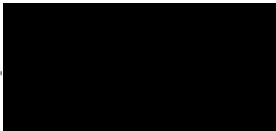
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Abstract

Leadership is critical in any organisation. In the healthcare fraternity, the main reason for the existence of health care facilities is to serve human life, meaning that the management of these public institutions have a bearing on the services that get delivered to the public. However, there remains some gaps, with regards to how leadership in public healthcare facilities affect the quality of care given to the public. This study thus investigated the leadership challenges facing Ladysmith Provincial hospital. The main objectives of the study included to identify the current leadership challenges facing the Ladysmith Provincial Hospital, to assess the impact of the challenges on healthcare service at Ladysmith Provincial Hospital's performance, as well as to critically analyse the factors that affect the execution of effective leadership practices at Ladysmith Provincial Hospital. The qualitative approach was adopted, whereby ten purposively selected participants were drawn from the various departments of the organisation, including the management. The main findings of the study indicated that the participants were particularly concerned about the high turnover rate in the institution, and essentially, the fact that the vacant positions do not get filled on time- thereby leaving a void in the operational processes of the organisation. The participants bemoaned financial challenges, human resources issues, as well as ineffective leadership in their organisation, noting that their leadership lacked the qualities of a good leader, while others did not possess the required qualifications for the positions that they occupied. Overall, the challenges identified have huge implications on service delivery. In view of these findings, some recommendations were made: the need to improve the leadership's competencies through refresher courses, workshops and some form of training- to enable them to demonstrate the personal qualities of good leadership. It was indicated that the institution needed to put in place a more strategic and effective succession planning approaches across the board- in order to avoid the unnecessary challenges being faced in the absence of qualified personal to take up certain leadership positions. The poor infrastructures call for an urgent need to replace the broken equipment- through baseline support, so that the healthcare workers can execute their duties effectively.

Key words: leadership; service delivery, healthcare

Acronyms

CEO: Chief Executive Officer

DoH: Department of Health

KZN: KwaZulu- Natal

LPH: Ladysmith Provincial Hospital

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 Introduction

The concept of leadership is the same in all aspects of life, be it politics, business, social work or academic. However, there are various factors that influence leadership characteristics. In the healthcare fraternity, leadership is also very important. The main reason for the existence of health care facilities is to serve human life. In the same way, public hospitals are the primary healthcare services for the majority of communities, particularly those who cannot afford medical aid. In this view, the management of these public institutions have a bearing on the services that get delivered to the public (Barasa et al. 2015). However, there still remains some gaps, with regards to how leadership in public healthcare facilities affect the quality of care given to the public, as well as the motivation and morale of the staff alike, yet leadership in these institutions entails mobilising resources, communicating the vision of the organisation, as well as influencing and empowering employees to effectively perform (Acquino, 2015). It is in this context that this study aims to explore the leadership of the Ladysmith Provincial Hospital, with an objective to establish the challenges associated with the leadership, as well as how this is affecting the entire process of quality healthcare service delivery to the general populace.

This chapter thus presents an overview of the intended study. The following aspects are presented: the problem statement and rationale, the aims and objectives of the study, the significance of the study, definition of key terms, literature review, theoretical framework and methodology as well as the dissertation outline.

1.2. Problem statement

Ladysmith Provincial Hospital (LPH) is “a rural district and provincial hospital which services the community of Alfred Duma Municipality. The hospital also takes referrals from Emmaus hospital at UKhahlamba Municipality and Estcourt hospital at uMtshezi Municipality. The hospital leadership structure consists of the Chief Executive Officer, Senior Medical Manager, Nursing Manager, Human Resource Manager, Systems Manager and Finance manager. The

hospitals vision is to achieve optimal seamless service delivery as the Regional hospital of UThukela District, while its mission is to have all its workers to strive to provide primary and secondary health care to all patients with the means of the hospital disposal. The hospital is committed to ensure the dignity and the rights of the patients and health care workers. However, the hospital has not been abiding to its vision and mission, based on my observations and investigations is that the hospital is engulfed by numerous challenges. For example, the hospital's CEO did not finish his term due to political influence into senior positions, meaning that currently, the hospital is headed by an acting CEO. In a period of five years, the hospital has had three different CEOs, a situation which has caused a lot of gaps and resulted in unfinished projects, while the Finance Manager also left the institution. As a result, critical skills posts remain unfilled, a situation which has resulted in poor leadership, essential drug stock outs, very low staff morale, poor maintenance of the building, poor servicing of equipment, complaints of ambulance services not being enough and not being serviced, complaints of lack of support from leadership and management of the hospital, as well as the lack of accountability from leadership and management, to mention a few.

In addition to the above, the level of professionalism is so low that managers behave as if the institution belongs to their family clan. The managers in place seem to lack the necessary managerial skills, for example, they are not well-versed with policies, which results in them making unnecessary mistakes, some of them do not possess the required qualifications for the posts they are currently holding, corruption and nepotism seem to be evident in the institution, while monitoring and evaluation is not properly done. From a patient perspective, the management of the hospital has been blamed for failing to deal with main challenges, which resulted in some families threatening litigation due to poor service delivery. In view of this, this study aims to investigate the effect of poor leadership on the performance of the institution, specifically, service delivery". Therefore, the study seeks to investigate the impact of poor leadership on health care service delivery in rural areas, using the case study of Ladysmith Provincial Hospital.

1.3 Aim of the study

The aim of the study is to investigate the leadership challenges facing Ladysmith Provincial hospital. This will be achieved by interviewing the employees of the hospital, from the different departments of the organisation. Thus, the study has the following objectives.

1.3.1 Research objectives

1. To identify the current leadership challenges facing the Ladysmith Provincial Hospital
2. To assess the challenges affecting service delivery and performance of the Ladysmith Provincial Hospital
3. To critically analyse the factors that affect the execution of effective leadership practices at Ladysmith Provincial Hospital
4. To suggest ways of improving the situation at the hospital

1.3.2 Research questions

1. What are the current leadership challenges facing Ladysmith Provincial Hospital?
2. What are the challenges affecting service delivery and performance of the Ladysmith Provincial Hospital?
3. What are the factors that affect the execution of effective leadership practices at Ladysmith Provincial Hospital?
4. What can be done to improve the situation at Ladysmith Provincial Hospital?

1.4 Significance of the study

The significance of the study comes in various reasons. Firstly, the study is important as it identifies the challenges facing LPH and secondly, the study makes an attempt to assess the impact of the challenges on health care with an overall aim to improve service delivery. The study is also important as it identifies the critical factors responsible for effective execution of leadership practices.

On that note, this study has a socio-economic significance, considering the context in which the leadership is being studied, where human life can be compromised by poor leadership. The findings of this study might therefore influence policy in the Department of Health, with regards to the selection criteria of people to fill in the management positions. Essentially, the study aims to enhance service delivery to the public, by investigating the important role of leadership in driving the constitutional mandate of quality healthcare delivery. The study will aid the uThukela Health District in evaluating leadership performance, in setting of roles and into developing transparent systems into bringing leadership into account. In the academic arena,

the study will obviously contribute to literature in the area of study, especially in rural District hospitals.

1.5 Organisation of the study

1.5.1 Chapter 1: Introduction and background of the study

This chapter provides the outline of the study, where pertinent issues are discussed and these include the introduction and background of the study, problem statement and rationale, aim of the study, the objectives, as well as the significance of the study.

1.5.2 Chapter 2: Literature Review

Chapter 2 describes literature underpinning the study. In this chapter, the concept of leadership is described, as well the leadership theories and approaches. The chapter also describes the leadership issues within the organisation under study.

1.5.3 Chapter 3: Research Methodology

This chapter describes the methodology of the study- important aspects such as the research design, the approach, population and sampling, data collection and analysis, as well as ethical considerations.

1.5.4 Chapter 4: Data Presentation and Analysis

Chapter 4 is the presentation and analysis of the data collected through the methodology described in Chapter 3. Essentially, the chapter discusses the emergent themes, based on the thematic analysis employed during data analysis.

1.5.5 Chapter 5: Conclusion and Recommendations

Chapter 5 concludes the study by presenting the overview of the study, the summary of findings, conclusion, recommendations, as well as suggesting areas for future research. The limitations of the study are also highlighted. This chapter therefore indicates how each of the objectives of the study was fulfilled.

1.6 Chapter Summary

This chapter laid the foundation of the study by discussing the main issues prompting the study. These are the background of the study, the problem statement, the objectives, as well as the significance of the study. The following chapter presents literature aligned to the study objectives.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature reviewed that is pertinent in answering the research questions of the study. The chapter thus proceeds as follows: a conceptualization of leadership is provided- to get a holistic sense of the notion of leadership, the South African healthcare system is scrutinized in form of the leadership challenges being experienced. The difference between leadership styles is also highlighted. Essentially, effective leadership for service delivery is described as part of the measure to improve leadership in the healthcare system, with particular focus on the essence of emotional intelligent and empowerment. Finally, the theoretical framework underpinning the study is described- the transactional, transformation and path-goal theories are described, with a focus on the styles of leadership exhibited by the theories.

2.2 Conceptualizing leadership

Bhat (2013) defines leadership as the proficiency and capacity of a person (the leader) to lead and energize individuals in accomplishing their vision and mission. Similarly, Kouzes and Posner (2012) highlight leadership in terms of a mutual connection between the leader and his people, who share the same values and believe in the mission of the organization. In summing up this conception, Moynihan et al (2012) note that leaders will not attain great things on their own. Instead, good leaders are those who mobilize resources and others to aim for a conducive working relationship, with the hope to achieve organizational goals. From this depiction, it is clear that leadership is about directing others who choose to follow- a leader goes beyond the role and designation- they work beyond the organizational role and must therefore possess the skills and attributes relevant for effective leadership.

Leadership also involves upholding the organizational cultural identity- an essential aspect closely related to the mission of the organization (Malakian, 2015). A leader is one who is exemplary in displaying the core values of the organization, one who inspires and motivates fellow employees in the workplace-not to work in isolation, but to encourage a sense of shared

responsibilities. This entails leading by example in encouraging the spirit of togetherness in all aspects of the workplace- including trusting and having confidence in others to carry out responsibilities, as well as acknowledging their efforts where it is necessary (Northouse, 2016). Thus, leadership is about promoting the organizational values and best practices, as well as participation of individual members. Among other things, leadership resonates with policy making and implementation, organizing, financing, staffing, controlling and work procedures.

Any organization subscribes to certain policies as prescribed by the relevant bodies. Policies are meant to control processes and behaviors in organizations and this ensures equity, as well as access to services. In healthcare delivery, the application and implementation of policies involves executive planning, directorial operations or activities, staff utilization, as well as procedures (Doherty, 2014). The leadership is mandated to manage, and therefore is accountable for the outcome of the implementation of whatever policies. As indicated earlier, policy implementation requires the integration of the said administrative processes, hence, the leadership of the healthcare facility under investigation is accountable for the activities of the institution. However, it is important to mention that the effectiveness of policy implementation, in the case of South Africa, is only realized if all spheres of government- national, provincial and local, work collaboratively.

Organizing entails categorizing functions for employees, in order to achieve the objectives of the organization. Thus, effective leadership ensures a clear definition of roles and responsibilities. Just like any institution, the healthcare sector needs money to enable them to execute their responsibilities. It is thus important for hospitals to be accountable when handling such public finances (Public Finance Management Act No. 1 of 1999). This means that budgeting systems must prioritize the activities and programs of the hospital- control measures must be in place and accountability remains critical to effective financial management (Mabasa, 2015: 65). In highlighting the importance of management in the healthcare sector, Koźmiński (2010: 226) reiterates that to be able to achieve goals and meet the requirements, this sector should follow the same route of adapting and growing the management functions as the private sector is going through. What this implies is the need for the leadership in the hospitals to effectively implement the management function- this involves engaging and motivating their followers to work towards achieving the vision and mission of the organization. Having said that, organizational culture is a very critical aspect in accelerating the success of any organization.

2.3 Leadership vs. Management

Scholars have differentiated between managers and leaders, [m]anagers are people who do things right, and leaders are people who do the right things (Bennis & Nanus, 1985: 21). Bennis and Nanus argue that there exists intellectual depth, which in essence entails having an in depth understanding of the emotions of others, capability to respond to those emotions in a real understanding matter is an example of profundity. Managing is about possessing the essential equipment and tools to complete certain tasks, managers possess certain skills to enable them to achieve the intended goal formulated by a leader. On the other hand, leaders instill inspiration among their followers, they motivate fellow employees to achieve the set objectives (Bryman & Bell, 2015: 120). Management is about organizing the operational aspects of the organization coordinating resources and implementing activities to achieve performance objectives. This includes planning, organizing, budgeting and staffing. Leading on the other hand, entails creating the vision and mission of the organization- the strategic direction, as well as communicating the vision and mission to the relevant stakeholders (Galer et al, 2005; Kotter, 1990). These sentiments are summarized in Table 2.1

Table 2.1: Leadership vs. management

| Leading | Managing |
|--|---|
| <ul style="list-style-type: none">- Scanning- Focusing- Aligning/mobilizing- Inspiring. | <ul style="list-style-type: none">- Planning- Organizing- Implementing- Monitoring and evaluating. |

Source: adapted from Galer et al. (2005)

Drawing from the above comparisons, it is noble to argue that leadership is thus a driving force for strengthening healthcare systems and achieving the sustainable development goals. This emphasizes the essence of the management in the healthcare fraternity, in promoting an equitable healthcare system. It also speaks to the need for reforms in leadership, in order to transform the healthcare system to better address the current challenges highlighted earlier in the first chapter. Nationally, the importance of managing the healthcare system was recognized by the South African Health Review (SAHR, 1998; Schaay et al,1998), which highlighted the need to re-engineer primary healthcare from a leadership perspective. This therefore points to the need to identify the nature of support needed by leaders in the healthcare system, for them

to be able to support their practices. In highlighting the importance of strengthening leadership in the healthcare, Mexico's former Minister of Health, Julio Frenk (2010), once noted that,

Probably the most complex challenge in health systems is to nurture persons who can develop the strategic vision, technical knowledge, political skills, and ethical orientation to lead the complex processes of policy formulation and implementation. Without leaders, even the best designed systems will fail.

From the above sentiments, it is clear that the healthcare system requires managers who can lead and this calls for a clear mind set. It requires the kind of leadership that focuses on promoting and taking the responsibility to work in partnership with others to achieve the organizational goals. Personal values are also critical in this regard, as they enhance not only one's personal action, but also the common goal to be pursued. Personal values play a critical role in not only decision making, but also in the behavior that the leaders role model to others. Hence, personal values motivate and stimulate leaders to take responsibility and how they use their knowledge and competencies in executing leadership (Boyatzis, 2009).

Thus, underpinning effective leadership are certain values which include respect, trust, integrity, courage and commitment, among others. In the public sector like the healthcare, leadership is highly influenced politically where accountability and transparency are highly scrutinized. As such, the leaders ought to have the necessary skills and the health system should be valuable in being safety nets in times of health crises patients should be treated respectfully and receive treatment when they need it (Mooney, 1998; Rothstein, 1998). In supporting this notion, Moore (1997) posits that in pursuing public value, leaders need to actively participate in policy, as well as management processes, as they ...are seen as explorers who, with others, seek to discover, define and produce public value ... [they are] strategists rather than technicians (Moore, 1997).

In this view, leadership in the healthcare involves three key aspects: stakeholder engagement, especially the public, mobilizing for political support (by being responsive to the political direction, as well as to challenge it where necessary) and lastly, promoting efficient functioning of the organization, in order to support organizational activities. To this end, The World Health Organization stipulates that,

[g]ood leadership and management are about providing direction to, and gaining commitment from, partners and staff, facilitating change and achieving better health

services through efficient, creative and responsible deployment of people and other health resources (World Health Organization, 2007: 1).

With the above said, it is important to contextualize the study by examining the South African situation- the public healthcare system.

2.4 Leadership crisis in the South African Public Healthcare system

Just like any other industry, the healthcare system also has its own shares of challenges, leadership being one of them. Clinicians are mandated to make not just the frontline decisions that affect quality and efficiency of healthcare, but they also possess the technical knowledge required for making strategic choices about service delivery. Mountford and Webb (2009) identify three types of clinical leadership as follows:

- *Institutional leaders*- are appointed to the formal executive level roles and their duties include communicating institutional vision. Ideally, these leaders should possess relevant skills in administration and leadership, strategic thinking and negotiation skills, as they do have very minimal direct contact with patients.
- *Service leader*- these are responsible for managing innovative services and their roles involve the willingness to take risks.
- *Frontline leaders*- these are the ones having direct contact with patients, and should therefore be passionate about clinical work, as they work closely with patients.

Traditionally, leadership entails focusing on shared goals and achieving these goals through collective action. In the healthcare system, this could be a very big challenge because most clinicians are trained professionals who do not value the aspect of shared goals. Bohmer (2013) argues that clinicians as professionals feel that they are accountable to their professional bodies and not hierarchies, hence, the challenge in leading and managing in the healthcare sector.

Hospitals, like any other organizations, are complex structures whose performance also relies on the skills and knowledge of the personnel and most importantly, the leadership, which is responsible for driving the vision and mission of the institutions. What this means is that the leadership of the healthcare facilities ought to be reliable, consistent and capable, in order to ensure the quality of the services provided to the general public (Bass, 1985). It has been noted that Excellent leader does not only inspire potential of subordinates to increase their efficiency,

but also fulfil their requirements in a process of obtaining and achieving organizational goals (Chuang, 2009). In this view, leadership entails the process of influencing the people of the organization (employees) towards the achievement of the organizational goals. Bush (2012) pointed that Leadership is a process by which one person influences thoughts, attitudes and behaviors. The leader sets the direction, sees what lies ahead, visualizes what can be achieved, encourages and inspires. Expectedly, some studies indicated poor leadership and poor communication as negatively influencing healthcare service delivery (Messick & Kramer, 2005). It has been noted that poor leadership in healthcare systems often leads to reduced efficiency, increased costs, as well as demotivated or demoralized employees. On the other hand, good leadership is associated with improved organizational quality, reduced conflicts, improved efficiency, effectiveness and productivity (Judge, 2004). It is important to indicate that most leadership studies were done in other organisational contexts, and few have focused on the healthcare systems. There is therefore a gap in terms of investigations on leadership in the context of healthcare facilities, as well as its influence on the quality of services provided to the public. Hence, this study aims to establish the challenges associated with leadership in a healthcare facility, as well as its impact on service delivery and employee morale and effectiveness.

In its commitment to provide customer-friendly healthcare services to the South African community, the Department of Health (DoH) emphasized overhauling the healthcare system and improving its management by identifying the key issues to be focused on (Qwabe, 2015: 21). While efforts have been made to address the key issues, many challenges continue to hamper effective healthcare service delivery. For instance, patient care is not yet provided in a safe, affordable and effective way, lack of relevant legislations, capacity constraints, lack of proper training on health personnel, as well as the competency levels of the CEOs, among others (Pillay, 2010; Maserumule, 2011; Doherty, 2014). Coupled with these challenges, many years since the dawn of democracy, South Africa still reels in leadership crisis in the healthcare sector. Chatterjee, Suy, Yen and Chhay (2017) argue that this is a result of resistance to change, yet the role of leadership in the healthcare cannot be underestimated, as noted by Schneider and Nxumalo (2017):

- It ensures alignment between community health care services and the provincial and national policies.
- It fosters accountability and institutional relations amongst the health care fraternity and other communities.

- It performs important management functions and ensures that relevant structures aligned with health care institutional needs.
- It provides direction, while at the same time developing and implementing strategies.

From the roles highlighted above, it is clearly indicative that leadership, particularly in the healthcare, needs to be cultivated in order to address the current challenges facing the sector. Accordingly, Whaley and Gillis (2018) highlight that the reason for poor leadership is the poorly designed programmes aimed at leadership training- the programmes are not tailor made to meet the needs of the respective leaders. Effective leadership is thus pivotal if the healthcare sector is to re-engineer its practices, for the benefit of all who access public healthcare facilities- primary healthcare is an ultimate human right in South Africa. In this view, Gilson and Daire (2011) highlight three important leadership abilities for the transformation of the healthcare. Firstly, it is important to use the available information (both numerical and qualitative) to inform decision- making- important in identifying challenges regarding operations. Secondly, relevant stakeholders must be involved in decision-making and all procedures ought to be transparent. Lastly, Gilson and Daire (2011) emphasize the need to develop strong relationships with relevant stakeholders. This is equally important in the healthcare, where leadership cuts across several aspects: the social (understanding the political-legal environment), organizational general management of the sector, business (the clinical and cultural practice) and lastly, the financial- budget management (Mercer, Haddon and Loughlin, 2018).

In all of the above, the leadership in the healthcare ought to be competent. The challenge, according to Doherty (2014), is that the practitioners in the healthcare tend to focus on taking care of the patients, yet there is more to the leadership in this arena. The other challenge is that many health practitioners think that leadership is for the management, but then there are times when general practitioners are tasked with managerial responsibilities that they do not have prior training. Thus, it is imperative for all to be equipped with leadership skills (Whaley & Gillis, 2018), as focusing on this aspect has a tendency to improve the healthcare system (Semrau et al., 2017). Fryatt and Hunteri (2015) noted that in South Africa, over 50% of managers in the health care fraternity have not gone through leadership training. This is more worrying and might have detrimental effects on the healthcare system, particularly the risk to patient care.

Perhaps the important question that needs to be answered in the first place is, who actually provides leadership in the South African health system? The general misconception is that

leadership is the responsibility of those at the top of the organizational organogram. Yet, distributed leadership highlights the notion of leadership as a collective capacity in an institution (Hartley & Hinksman, 2003). What this implies is that managers from each level should also lead. In the South African healthcare system, leaders include public health clinic facility managers, clinical managers, chief executive officers, district and sub-district managers, heads of health departments at local, provincial and national government, etc. Table 2.2 illustrates the managerial tasks at different levels, as well as the requisite skills.

Table 2.2: Managerial tasks at different levels and the skills required

| Level | Critical management and leadership tasks | Critical skills |
|-----------------------------------|--|---|
| 1. Managing a team | <p>Continues to work directly with patients, but also:</p> <ul style="list-style-type: none"> • makes sure work of team clearly defined • ensures that tasks are assigned to right person • spots new tasks and distributes among team • ensures each team member has resources and support to do job well | <ul style="list-style-type: none"> • Organising work • Delegating • Recruiting staff • Networking |
| 2. Managing other managers | <ul style="list-style-type: none"> • Makes sure managers reporting to them receive necessary support so that their units can fulfil mandates • Maintains facility's reputation in community, good relationships with authorities and community leaders | <ul style="list-style-type: none"> • Spotting leadership talent • Giving constructive feedback and support • Holding first-line managers accountable for results and managerial work |

| | | |
|-------------------------------------|--|---|
| | <ul style="list-style-type: none"> • Produces results spelt out in annual and three-year plans • Helps first-level managers to support their staff | <ul style="list-style-type: none"> • Deploying and redeploying resources among units or teams • Managing competing priorities and conflicts |
| 3. Becoming a senior manager | <ul style="list-style-type: none"> • Pays more attention to strategic issues than their own area of technical expertise • Manage themselves in the public eye as they manage crises and criticism – role model for constructive behaviour • Develops managerial and leadership talent, fosters collective success | <ul style="list-style-type: none"> • Strategic thinking • Coaching others • Managing external consultants contracted to do work • Managing conflict • Using reflective skills |
| 4. Managing at the top | <ul style="list-style-type: none"> • Needs to consider all regions, specialities, functions – understands all parts of the business • Has to have some understanding of how to anticipate changes and trends – prepares organisation for the future | <ul style="list-style-type: none"> • Demonstrating belief in self and others • Fostering independence • Model integrity and authenticity • Using authority wisely • Being a systems thinker • Being a strategic thinker |

Source: Galer et al., 2005

From Table 2.2, it is evident that effective leadership thus calls for the incumbents to be conscious of their important and interconnected roles in an organization. For instance, facility managers are at the forefront of service delivery, but the managers at provincial and national levels provide the necessary guidance, support and frameworks for coordinated performance. In the same way, the middle managers at provincial level are very critical as intermediaries

between national and local level- they provide support at local level by ensuring that the needs of the local leadership are integrated in debates at national level (Galer et al., 2005). Overall, effective leadership thus calls for high levels of co-ordination. With this in mind, it is imperative that the current leadership in the South African healthcare system be strengthened in order to strengthen the system. It is critical to transform the current organizational structures, as well as the organizational culture, while at the same time, new policies should also be considered, to keep pace with the changing healthcare environment.

The National Department of Health, as well as the Human Resources for Health South Africa noted that in the Health Summit of 2001, the Minister of Health indicated that policy implementation issues with respect to slow service delivery are critically affected by leadership decision-making and leadership commitment. In line with this conception, there is enough evidence in the healthcare reports to conclude that this public sector is a complete failure and is on the verge of collapsing, as a result of inadequate management and poor leadership-lack of vision and poor goal setting (Carney 2009; Centre for Development and Enterprise 2011, Franks 2014; Pillay-van Wyk et al. 2016). It has been noted that most of the problems in the healthcare fraternity are a result of inexperienced managers being placed in senior positions (Coovadia et al. 2009; Adejumo & Archibong, 2013). A common scenario in the South African context is whereby managers get promoted to senior positions because they would have served the institution for a long time, and not necessarily because they have the prerequisite skills and qualifications, a situation which creates a gap between the management team and the intended clinical outcomes (Pillay 2010).

The affirmative action in South Africa has also been blamed for the poor quality service delivery, mainly because of affiliations and nepotism, at the expense of skills and merit (Twala 2014). In addition, poor service delivery has also been a result of poor performance management systems in place, as well as monitoring and evaluation strategies which are mostly ignored by employees. Siddle (2011) noted that corruption, misconduct and lack of accountability among the DoH officials, led the government into failing to fulfil its constitutional mandate of quality service delivery to all citizens. Managa (2012) cemented this observation, arguing that the main hindrance to performance at local government level includes institutional capacity, financial mismanagement, lack of public participation in matters that affect them, as well as high levels of corruption. In KwaZulu-Natal alone, there have been strong allegations from the media claiming that health care service delivery at provincial hospitals is poor due to issues including corruption, fraud, critical staff shortages, outdated

medical equipment and supplies, poor management, long patient queues, and many more (3). In view of this, Senanayake (cited in the NHI, 2011) concluded that:

The world over – and in developing countries in particular – the manner in which health services are delivered leaves much to be desired. In these situations, the people who suffer most are those in the poorest strata of society.

The sum of the organizational and clinical challenges that overwhelm the healthcare system requires effective leadership in all spheres of the government. Ironically, the KZN DoH promises a decent access to health for all its citizens. The main function and responsibility of the KZN DoH entails delivering a comprehensive package of health services to the citizens of the Province. The vision of the DoH is to ensure optimal health for all persons in KwaZulu-Natal, while the mission statement is to develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through the District Health System, to ensure universal access to health care. Among the Province's core values include trustworthiness, honesty and integrity, transparency and consultation, open communication, professionalism, accountability and commitment to excellence, loyalty and compassion, as well as respect, continuous learning and being amenable to change and innovation (KZN, Department of Health, 2022). Despite the institution's efforts to deliver on its promises, there are still many loopholes in the pipeline.

For instance, human resources issues remain a major hindrance in the DoH. Lack of funding for recruiting suitably qualified candidates to fill in strategic positions has always been a major challenge affecting the effective operations of hospitals. There is also high attrition rate- staff that gets appointed often leave within their first three years in service. This poses a main challenge of maintaining continuity of services, thus calling for the need to rebuild capacity and also succession planning. As reiterated earlier in the first chapter, the hospital under investigation is not unique to these challenges. A former CEO of the LPH did not finish his term due to political influence into senior positions, which saw the hospital being headed by an acting the CEO, who was replaced by a new CEO who was lost to Covid 19, now the hospital is back in the hands of the acting CEO, this has caused a lot of gaps and resulted in unfinished projects. Other essential occupancy like the former Finance Manager also left the institution. As a result of this instability, critical skills posts remain unfilled, a situation which has resulted in poor leadership and subsequently- a whole lot of problems resulting from that. Having been part of the institution, it is evident that the organisation battles many challenges including essential drug stock outs, very low staff morale, poor maintenance of the building, poor

servicing of equipment, complaints of ambulance services not being enough and not being serviced, complaints of lack of support from leadership and management of the hospital, as well as the lack of accountability from leadership and management, to mention a few.

In view of the above, health care service delivery at the LPH is in critical need of urgent restructuring, to enable the hospital to provide quality health care, as envisioned in the South African Constitution, as well as the Patients Right Charter (Schaay et al, 1998). It is therefore imperative for the KZN DoH to ensure effective leadership principles are put in place, for instance, through relevant training programmes. To this end, the National Department of Health. Human Resources for Health South Africa noted that there is a major need for investment in public service training, leadership development and capacity building, as an indispensable precondition for a sustainable public service for effective service delivery. Unfortunately, McAlearney (2010) highlights that,

Yet a sense of how to best develop these great, transformational leaders is far from established, especially in health care organizations...despite growing support for the importance of leadership development practices across industries, little is known about leadership development in health care organizations.

Rather, the negative reflections of the South African health care system as depicted by the media and several studies contradicts the very principles of several legislatives pieces: The Constitution of the Republic of South Africa, the Patient Rights Charter, the Bill of Rights, as well as the *Batho Pele* (People First) principles. Perhaps the question then, how best can the situation be improved? The section that follows tries to provide suggestions to improve the healthcare system through effective leadership.

2.5 Improving the South African health system: effective leadership for improved service delivery

The Western Cape Government Blueprint (Western Cape, 2014) highlighted the need for change management interventions, particularly in areas of behavior change, as well as leadership styles:

2030 requires transformational leadership from the ranks of managers and clinicians. Leadership must be collective and distributed across all levels of the organization. Steps to strengthen leadership and facilitate transformational action will be taken. Leadership will demonstrate and embody prevailing organizational values, have highly developed

inter-personal skills, encourage innovation, draw on the capability of all employees and be visibly collaborative with staff and partners (Western Cape, 2014).

To realize the abovementioned sentiments, and to achieve the National Development Plan Vision 2030, the DoH thus requires change agents to lead the transformations needed in the healthcare system. What this implies is the need for capacity building in transformational leadership. In line with the Healthcare 2030 vision, the Department envisages to develop managers and clinicians who:

Embody organizational values in the behaviors, depend on interpersonal forms of power, as opposed to power based on a position in the hierarchy, nurture creativity to enable innovation, draw on the inherent and potential capabilities of all employees in the Department; and are visibly collaborative in their relationships with staff and external stakeholders (Western Cape, 2014).

In the context of the above, the key challenge is to establish a work environment that is able to harness skills, relationships and capabilities of the individual personnel in the system. The challenge therefore implies managers at all levels having to be visible in order to support the frontline staff, giving them an ear to understand their needs and being creative and innovative in addressing the related problems. Employees at all level need to be acknowledged for their efforts towards patient care. This therefore calls for managers who are receptive and take constructive criticism, while at the same time being accountable in all their ways (Healthcare 2030).

Indeed, it has been noted that the lack of leadership talent in the pipeline presents a challenge for many organizations. Many organizations do not have the leadership talent to sustain a competitive advantage (Phillips & Schmidt, 2004: 5). In the same way, ...at the applied level, leadership is complex. It involves, among other things, an array of assessment skills, a series of characteristics (traits and skills) that the leader brings to a particular setting and a wide variety of behavioral competencies. Furthermore, the leadership skills needed in the same position may vary over time as the organization's environment (Van Wart, 2011: 3-4). In light of the challenges identified as affecting the healthcare system in South Africa, it is imperative to suggest solutions which may help in advocating for a rights-based healthcare system. What is thus important is to cultivate a system-wide understanding of what leadership actually entails, in order to be able to guide its improvement. Indeed, it is very difficult to change organizational culture, as it requires multiple stakeholder action. However, the most important thing that can be done is structural changes, mainly the decentralization of management authority to public

hospitals. This can be achieved in a coherent and accountable framework (Development Bank of South Africa, 2005). It should however be noted that structural change alone is not enough to secure organizational change. Organizational change requires leadership to bring in new values and integrate them in the health system's everyday practices. It is therefore the critical role of leadership to inspire and encourage such routines in the organization. In the end, the leadership of the organization plays a critical role in creating that sense of organizational purpose and values which nurture positive performance in the whole organization (Couper & Hugo, 2005).

Effective leadership is an essential aspect of organizational success, which then transforms into organizational effectiveness (Conchie, 2009). Thus, the extent of organizational effectiveness is highly influenced by the nature of the leadership within the organization. It has been noted that the role of managers, particularly in health organizations, is very crucial in the achievement of the objectives. In this way, effective leaders are those who possess the ability and power to guide and influence the employees to achieve the objectives of the organization (Grohar-Murray et al., 2016). These leaders should possess certain personality traits which include responsibility, self-confidence, innovation, flexible, good interpersonal relations, to mention a few (Thomas, 2015). In confirming these sentiments, Van Wart (2011) argues that effective leadership calls for a high level of competence in the articulation of services and accountability needs of any institution. Similarly, Phillips & Schmidt (2004) point to the essence of leadership as the ability to effectively manage people, empowerment and strong communication skills. To this end, they argue that,

Several factors are causing a multitude of changes in the world and are having a significant impact on the way work gets done. Factors such as changing workforce, rapidly changing technology, and changing board requirements are causing organizations to take practical steps to plan for future leadership development (Phillips & Schmidt 2004: 3).

The characteristics indicated above are clearly summarized in Figure 2.1 as follows:



Figure 2.1: Characteristics of an effective leadership

Source: Wordpress.com

As indicated in Figure 2.1, it is clear that an effective leader is one who knows and communicates the vision of the organisation to the rest of the employees, is one who ‘manages’ the organisation and drives it towards development. Essentially, an effective leader also cares about relationships with various stakeholders, meaning that he or she should possess the necessary skills to ensure effective stakeholder management (Thomas, 2015). In view of the above, Asiabar and Ardestan highlight the factors affecting the effectiveness of hospital management, as described in Figure 2.2.

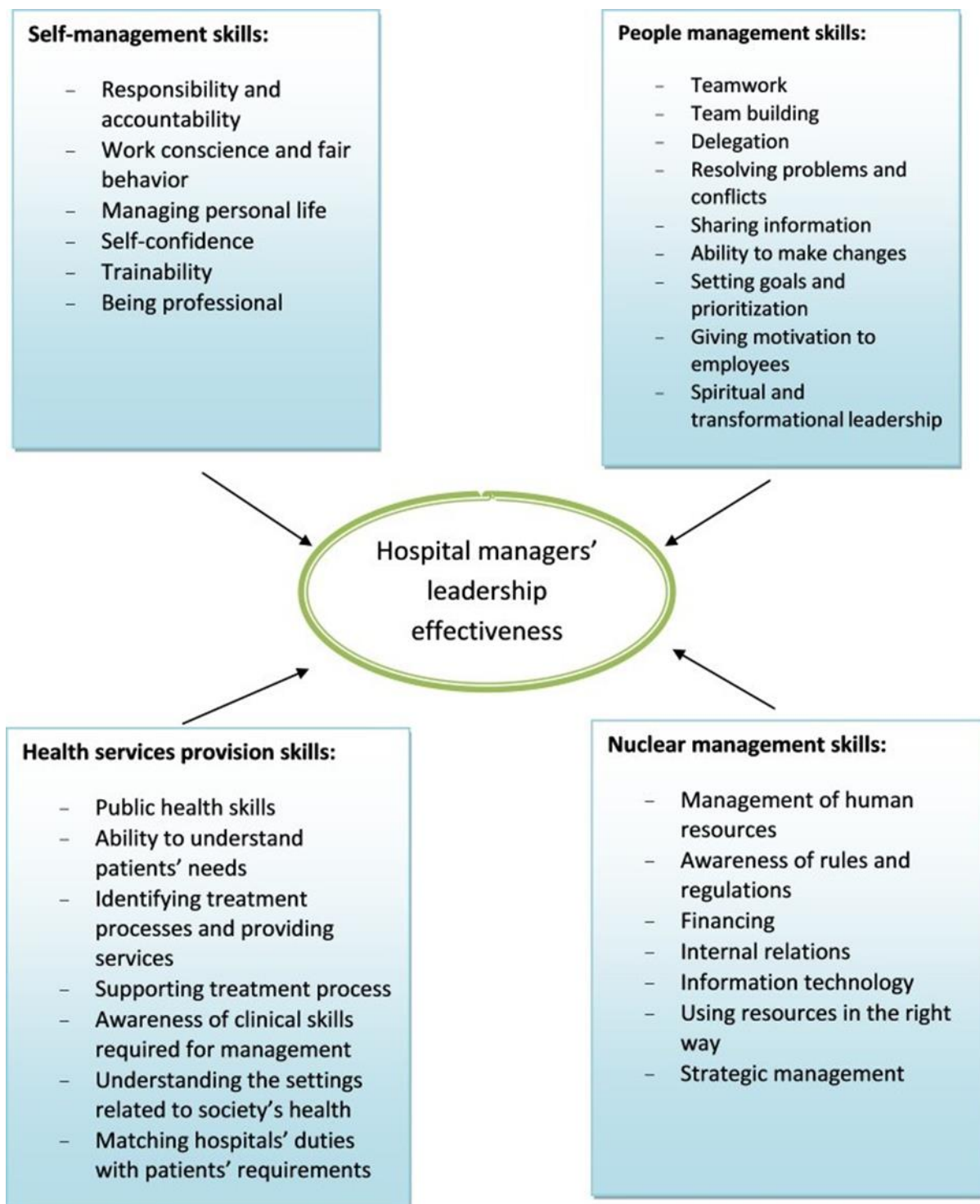


Figure 2.2: Factors affecting leadership effectiveness of hospital managers

Source: Asabar &Ardestani (2018)

From the illustration in Figure 2.2, it is evident that effectiveness in leadership resonates with certain characteristics, traits and skills, as cemented by Van Wart, three of the more common leadership characteristics are traits and skills, leader behaviors, and leader attributions of followers (Van Wart, 2011:45).

Moreover, effective leadership also calls for certain characteristics, as indicated below.

Emotional intelligence: this entails the ability to perceive, comprehend, and control one's own emotions, and those of others (Giltinane, 2013). To address the complexities of the manager-employee relationship, Jooste (2009:415) proposes that authentic leadership and emotional intelligence are imperative". In the healthcare fraternity, leadership entails the authorities considering their own feelings, and those of other staff, in order to run an effective institution (Jooste 2009). According to Bellack (1993), as cited in Jooste (2009), newly qualified leaders lack the competencies required to meet today's demanding health-care demands. Accordingly, some of them have the intellectual ability and expertise to do the job, but they lack the personal competencies like emotional intelligence. In line with this, Walton (2012) suggests "that organizations help leaders to develop their emotional intelligence by improving their self-awareness, self-management, social awareness, in addition to social skills. Mayer, Caruso, Salovey, and Sitorenios (2001) further argue that emotional intelligence develops with age and comprises three mental processes which include appraising and expressing emotions in oneself and others, regulating one's emotions and those of others, and lastly, using emotions in adaptive ways.

According to Baggett and Baggett (2005), those in positions of leadership should be stars that consciously address the impact of people's feelings on the emotional reality of the team and how they do it. Leaders must be able to discern and know their own emotions, while at the same time also able to remain calm and clear-headed, particularly during a crisis. An emotionally intelligent unit manager is one who accepts criticism, seeks relevant guidance and is able to multi-task without losing direction and has the ability to turn challenges into opportunities (Whitehead, et al., 2010:7). Such managers pay attention and listen to others, value other people's perspectives, and unite people in a respective and collegial manner, thus focusing towards achieving the organizational goals.

Empowerment: According to Jooste (2009:222), empowerment entails the use of personal potential and competencies for the discovery of new expertise; and the creation of opportunities to apply such competencies. Owing to the changing staff needs and the delivery of quality health care, empowerment is therefore imperative in the healthcare sector. This implies the need for the managers to have the ability to make independent management decisions for the effective functioning of their organizations. To empower the staff in the health sector, managers ought to be creative and innovative by devising motivational and participatory decision-making strategies like additional supervisory training, open environments for discussion, as well as

collaboration in decision making, the staff must be trusted with delegated tasks, which often results in independence and empowerment. It is also essential to offer constant feedback to help foster a positive working environment.

Indeed, the attributes described above are pertinent, especially in the context of LPH where the staff seems to be demotivated due to a number of operational challenges. In addition to the abovementioned, Van Wart (2012) identifies six essential elements or skills necessary for effective leadership: communication, social, influence, analytical, continual learning, as well as using old and new information creatively. On that note, it is thus vital to consider the theoretical framework underpinning this study.

2.6 Theoretical Framework

Theories of leadership have not been developed within the settings of health care. Rather, these theories have been developed within the framework of business and then applied to the setting of health care. As a result, the theories are dynamic and subject to change over the course of time. Healthcare organizations are made up of intricate networks that connect a large number of professionals performing a variety of functions. The fundamental framework of health care organizations typically adheres to time-based or established procedures, which are more resistant to transformation (Kumar et al., 2015). According to Bossidy and Charan (2002), an important factor that is lacking in a variety of aspects of healthcare is efficient collaboration. Therefore, having an effective leader is essential in order to bring about the changes that are necessary for the improvement of the organizations. Some people view management and leadership synonymously, but this is not the case. Management places a significant emphasis on maintaining the status quo, whereas leadership inspires creative thinking and promotes organizational change with an eye toward the organization's long-term success. The health care industry is becoming more competitive as a result of the shifting environment, and leadership has emerged as the essential factor in motivating and inspiring change for the industry's future. Having said this, there are various leadership theories. This study is underpinned by two theories which are discussed herein, as they have a direct bearing on the study. On that note, the transformational, as well as the path-goal theory, are discussed.

2.6.1 Transformational leadership

The writings of Burns and Bass in the 20th century served as the foundation for the transformational leadership philosophy (Abazeed, 2018). The challenges encountered by major corporations in the 1980s and 1990s, when globalization was negatively impacting on enterprises, gave rise to the thesis. Some academics (Cetin & Kinik, 2015; Pinder, 2014; Luft, 2012) attribute this theory to renowned German sociologist Max Weber. Weber's concept of charismatic leadership-which essentially meant that a leader delivers good change to the organisation they find themselves in, was a turning point in organisational character and culture, according to Cetin & Kinik (2015). When organisations began restructuring through mergers and acquisitions and a shift toward decentralisation, the paradigm of transformational leadership emerged (Pinder, 2014). Since then, this type of reorganisation has progressed beyond enterprises to include many institutions like healthcare facilities. The goal of the transformational leadership theory has been to promote social justice by closing the gap between the historically underprivileged institutions and their privileged peers. This hypothesis has gained a lot of significance, especially in South Africa, considering the country's history of racial segregation in many spheres of life.

According to Bass (1999), those who supported the theory made the following arguments: firstly, that transformational leadership should be used universally. Secondly, transformational leaders must inspire followers or subordinates to put the good of the community or institution they are a part of, ahead of their own interests, regardless of their background. In the context of this study, the theory speaks to how the leadership of the hospital should consider the citizens who receive services at the institution, at the expense of their own interests. Thirdly, followers should be motivated to put in more effort than they normally would, or in other words, go above and beyond in terms of their work ethics. Fourthly, it is expected of transformative leaders to take their workplaces' requirements into account. The organisational culture of their individual institutions is expected to evolve positively under transformational leaders.

The characteristics of transformational leadership contribute to the fact that it empowers its followers to institutionalize proper policy implementation procedures. Transformational leaders, according to Abazeed (2018), are goal-oriented and devote their time and resources to the goals of their institutions. They share these goals with their coworkers and subordinates in order to foster a culture of common work ethics, values and beliefs. The majority of employees think that their managers are in charge of inspiring them to achieve both their personal goals and those of the community. The recommendations made by Pinder (2014) and Abazeed (2018) are crucial because the safety of the citizens may be jeopardized if there are no clear ethical

guidelines guiding the use of resources in institutions. Thus, transformational leadership strategies emphasize values and emotions (Zineldin, 2017). From this description thus far, it is evident that transformational leadership entails a situation whereby one or more persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation *and morality*.

Transformational leadership starts with the development of a vision, a view of the future that will excite and convert potential followers. This vision may be developed by the leader, by the senior team or may emerge from a broad series of discussions (Bass, 1998:3).

Thus, the transformational leader is one who inspires and motivates the followers to perform beyond expectation. In this view, the followers tend to have respect, faith, admiration and loyalty towards the transformative leader who is selfless, hence, their desire to perform beyond expectation. The transformational leader makes the followers realize the essence of the task, he encourages them to exceed their personal interests, to think critically and independently while finding new ways of doing their jobs. In other words, a transformative leader is one who stimulates the intellectual capacity of the followers, which results in them enhancing their performance, being satisfied and committed to the organizational goals (Ahmad et al., 2013). Transformational leaders guide their followers to feel intrinsically motivated to perform their jobs and fulfil the organizational goals. Thus, the transformational leader focuses on stimulating the intellectual capacity of the followers, encouraging them to be innovative, mentoring them, inspiring them through the vision and mission of the organization, giving them challenging tasks, as well as empowering them in decision making processes (Ahmad et al. 2013). This kind of leadership is more effective where the objective is to transform the employees and the organization at large (Bucic et al. 2010; Borkowski et al. 2011). The theory thus emphasizes transforming organizations from being low performing to a level of acceptable performance. Practically, the theory emphasizes changing an organization by paying attention to the leader's role. In this view, the key elements for transformation include:

Raising people's awareness; helping people look beyond self-interest; helping people search for fulfilment; helping people understand the need for change; investing managers with a sense urgency; committing to greatness; adopting a long-range perspective and at the same time observing organizational issues from a broad rather than a narrow perspective; building trust; concentrating resources on areas that need the most change (DuBrin 2010: 85-86).

The Health Care 2030 (Western Cape^a, 2014) highlights that transformational leadership is mandatory for the leaders in the managers and clinician ranks. As public leadership, this calls for a charismatic, transformational style. Distributing orders to people does not necessarily inspire them to follow someone. Instead, leaders appeal to people by demonstrating that by following them, they have much to gain (Seepersad, 2012). Thus, charisma and influence are characteristic of effective leadership.

2.6.2 The path-goal theory

The path-goal theory (House, 1971) underlines what a leader must possess in order to achieve high organizational productivity. The theory emphasizes the need for a leadership style based on the nature of the team being led, as well as the nature of the task to be accomplished (DuBrin, 2010). It thus emphasizes the right fit between the situation and the leadership. House (1971) thus further elaborates the different styles under the path-goal theory as follows:

- *Directive leadership*-the leader tells the followers what is expected of them, gives directions and schedules the work to be done, maintains the standards of performance and clarifies the group leader's role.
- *Supportive leadership*- the leader treats team members as equals, is friendly and approachable, shows concern for the well-being of subordinates and makes work more pleasant.
- *Achievements-oriented leadership*- the leader sets challenging goals and expects the highest level of performance, is confident in meeting high standards and emphasizes continuous performance improvement.
- *Participative leadership*- the leader involves team members in decision-making, consults with them and values their suggestions (Schermerhorn, 2011).

Schermerhorn thus summarizes the path-goal theory this way:

When job assignments are unclear, directive leadership helps to clarify task objectives and expected rewards. When self-confidence is low, supportive leadership can increase confidence by emphasizing individual abilities and offering needed assistance. When task challenge is insufficient in a job, achievement-oriented leadership helps to set goals and raise performance aspirations. When performance incentives are poor, participative leadership might clarify individual needs and identify appropriate rewards (2011:322).

In view of the above, employees are motivated and likely to achieve their goals if they see themselves as having the ability to perform the required tasks. It is their efforts that often lead to meaningful outcomes. The leader also motivates the subordinates to achieve their goals- through support and clear directions. In light of the study, the leadership of LPH is expected to provide effective leadership that helps the subordinates achieve their goals, in the face of the multiple challenges being faced by the organization.

2.7 Chapter summary

This chapter presented the literature reviewed for the study. The concept of leadership was deliberated at length, then contextualized in the South African healthcare system- in form of the challenges being experienced. The difference between leadership and management was also highlighted. Essentially, the chapter endeavored to suggest ways of improving leadership in the healthcare system, through effective leadership. Finally, the theoretical framework underpinning the study was described- the transactional, transformation and path-goal theories were described, with a focus on the styles of leadership exhibited by the theories. The chapter that follows describes the methodological steps undertaken to answer the research questions.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

Methodology refers to the overall methodological procedure undertaken to answer the study's research questions. There are three main strands of research design, namely the quantitative which draws from the positivism philosophy, the qualitative which is mainly influenced by interpretivism, as well as the mixed method approach which advocates for a pragmatic approach to research (Saunders et al, 2012). For the purpose of this study, the qualitative research design was adopted, hence, the section that follows explains the approach in detail. In that view, this chapter describes the methodological underpinnings of this study. The chapter thus proceeds as follows: the discussion of the research design, the philosophy underpinning the study, the research approach adopted, location, population and sampling strategies. Essentially, the data collection and analysis strategies are also highlighted alongside the ethical implications. Issues of validity and reliability are also highlighted, prior to summarizing the chapter.

3.2 Research design-exploratory

There are various research design for various studies, and each designed is influenced by the philosophical underpinnings, as well as the objectives of the study. This particular study employed the exploratory research design which is suitable for this study which aims to explore the effects of leadership on healthcare service delivery by employing in-depth interviews. For Yin (2009), the exploratory design is effective in providing a better understanding of the research problem. Bogdan and Biklen (2007) further elaborate that exploratory research design generates knowledge through an in-depth grasp of the research problem, rather than presenting definite evidence about the research matter. The exploratory research design thus calls for the researcher to be flexible in changing the direction of the research process, in the context of new data and insights arising from the study (Creswell, 2009). Overall, the exploratory design generates knowledge for an extra understanding of the research problem, which is what this current study envisages to do. In this view, the research design for this study is summarized in the research onion in Figure 3.1. The methodological underpinnings for this study, as depicted in the research onion, are clearly described in the sections that follow.

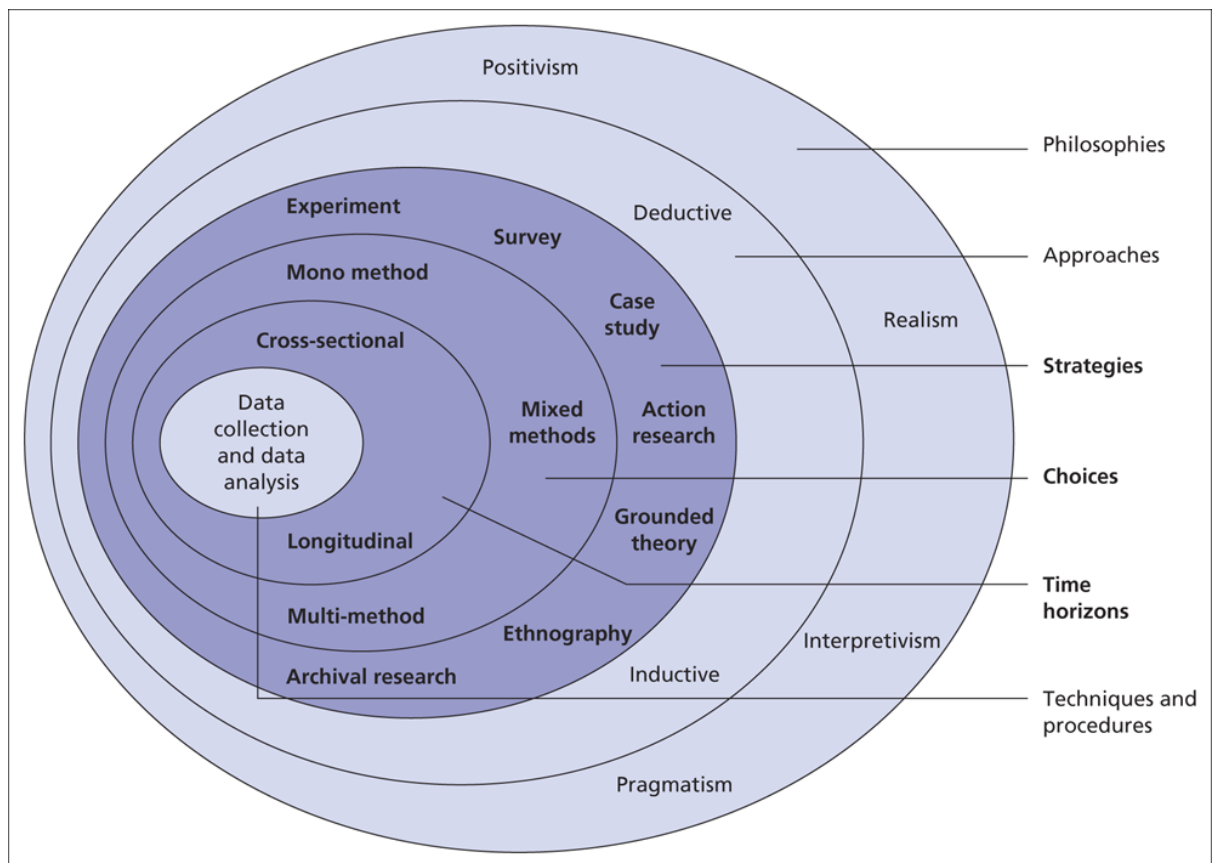


Figure 3.1: The Research Onion

Source: Saunders et al. (2009)

The methodological steps underpinning this study are explained in the context of Figure 3.1 as provided above.

3.3 Research philosophy- interpretivism

This study draws from the constructivism or interpretivist research paradigm, as indicated in Saunders et al (2009). A paradigm is a general framework for theory and research which highlights the basic assumptions, main issues, and methods for seeking answers (Neuman, 2011). The interpretive paradigm refers to the pattern, model or philosophy for worldviews or beliefs brought to inquiry by the researcher (Creswell & Creswell, 2018). The interpretivist research paradigm provides for examining research from a socio-constructivist perspective or lens. The paradigm emphasizes the notion that there are no fixed truths and reality is very subjective- reality and meaning are dependent on many factors including time, space, the view of the person concerned; and language and symbols which researchers use to explore, describe, explain and fully understand phenomena (Maree & Van Der Westhuizen, 2009). Hence, the

paradigm is suitable for this study as it allows for generating insights about leadership and service delivery in the hospital under investigation.

3.4 Research approach- qualitative (inductive)

This study explored the impact of leadership on service delivery at the LPH. In this view, the qualitative methodology was deemed more appropriate, as the study sought to appreciate the behaviors, attitudes, feelings and experiences of the leadership of the hospital. The qualitative research design thus explored the underlying meaning made by individuals on certain phenomena (Creswell, 2014). Phenomenology thus entails gaining insights into a phenomenon, as well as the meanings ascribed by the participants of the study. Pratama and Firman (2010:334) opined that phenomenology ...does not attempt to depict empirical reality or what is really happening, rather to understand the personally attached experience which is manifested in the form of an individual's perception. In the case of this study, the qualitative approach is therefore imperative in the endeavor to bring to the fore, a better understanding of the effect of leadership on service delivery in the healthcare system. The study aims to gain an in-depth understanding and interpretation of the phenomena leadership in the context of the healthcare sector.

3.5 Location of the study, population and sampling

This study was done in the KwaZulu-Natal Province, at the Ladysmith Provincial Hospital (LPH) in the Alfred Duma Municipality.

3.6 Population of the study

Target population entails the whole elements from which a sample is drawn. This refers to the entire group of subjects or participants from which the researcher wishes to generalize the study findings (Nicholls, 2009). Babbie and Mouton (2003) claim that a study's population is the group of people from which conclusions are to be drawn, because it is not always feasible to study the entire population. The population is therefore the elements to whom the results of the study are applied (Cresswell, 2015). In the case of the organization under study, the population comprised about 1100 employees, from the lower levels to the management of the organization.

3.7 Sampling techniques

Sampling entails the selection of a portion of elements from the target population. Thus, a sample is a subset of the entire population, meaning that it is representative of the larger population. There are two main types of sampling, namely probability and non-probability (Creswell, 2019). In the former, all the elements of the population have an equal chance of being selected for the study, while in the latter, only certain elements are carefully selected, depending on the purpose of the study (Bryman & Bell, 2015). Examples of probability sampling include simple random, stratified, systematic and cluster, while examples of nonprobability include convenience, purposive, quota and snowball sampling.

According to Saunders et al. (2016) simple random sampling incorporates selecting the sample at random from the sampling frame, using either a computer or random number tables. Whereas systematic random sampling is described as selecting a sample at regular intervals from sampling frame (Saunders et al., 2016). Saunders et al. (2016) further define stratified random sampling as the modification of random sampling, where target population is divided into two or more important and pertinent strata based on one or a number of attributes. Cluster sampling is another form of probability sampling, it entails dividing target population into distinct groups prior to sampling, and cluster sampling is similar to stratified random sampling (Saunders et al., 2016). Whereas multi-stage sampling is a development of cluster sampling, it aims to resolve issues of geographically scattered population (Saunders et al., 2016).

On the other hand, non-probability sampling offers a range of different techniques to identify samples, an element of subjective judgement is inclusive in the majority of them (Bryman & Bell, 2015). Quota sampling, volunteer, haphazard and purposive samplings are examples of non-probability sampling techniques. Quota sampling is entirely non-random and commonly utilized for structured interviews when collecting data through a survey (Saunders et al., 2016). Saunders et al. (2016) further classify volunteer sampling as snowball sampling, in this techniques participants volunteer to be part of the study, it's commonly utilized in cases where it is difficult to identify the desired samples of a population. Lastly, haphazard sampling involves selecting samples based on convenience and availability (Saunders et al., 2016).

For this particular study, purposive sampling was employed to ensure that the researcher targeted the right people to provide the information needed to answer the research questions. "In purposive sampling, ... qualitative researchers look to sample participants into the study

that can offer meaningful insights into the phenomenon they are studying” (Nicholls, 2009:640).

3.8 Sample and sample size

In the case of this study, participants who were able to provide the needed information included the employees in the organization under study and these were drawn from different sections of the organization. The researcher thus drew samples of participants from the management of the organization, as well as some employees in various sections, to get a sense of their feelings, attitudes and perceptions regarding the leadership of the hospital. It is important to study the phenomenon at hand from the perspectives of those in the leadership positions, as well as from the general employees’ (the clinicians) perspectives, in order to get more enriched data sets.

In view of the above, a sample of five participants from the management position and another five was drawn from the employees from different clinical units. Overall, a sample of ten participants were sampled from the total population and the sample included those employees in the top and middle management, as well as supervisors from different clinical units. The reason for drawing samples from the different units was to allow for diverse perspectives to be gathered, in as far as the leadership of the organization is concerned.

3.9 Data collection

There are two main types of data, primary and secondary. Primary data entails that which the research collects first-hand, while secondary data includes data which are readily available, that which have been gathered by other researchers. On that note, both primary and secondary data were collected. For the research instrument, the interview guide was used. Interviews are an effective and convenient way of gathering data for research. However, caution should be taken when collecting data through interviews, as echoed by Nicholls (2009) who argued that research interviews are somewhat different, however, and demand a subtly different set of skills if they are to be undertaken successfully. For this study, semi-structured, that is, open-ended interviews were held with personnel in the top and middle management, as well as supervisors from different clinical units. The researcher asked for permission to record the interviews, but the participants were not comfortable, due to the sensitive nature of the study. The researcher thus relied heavily on time writing down important notes during the discussions with the

participants. In addition to collecting data through interviews, the researcher also spent more time scrutinizing media reports about the leadership of the organisation under study, as well as company documents such as annual reports. Other texts from which relevant information was drawn included academic journals, unpublished dissertations, as well as books.

3.10 Data analysis

Data analysis involves making sense of the collected data and it is important to mention that sometimes data collection and analysis occurs concurrently, especially in qualitative studies. In qualitative studies, data analysis entails coding data, breaking it down into related themes before the actual analysis (Braun & Clarke, 2006), known as thematic analysis. Creswell (2009:62) noted that in data analysis, Themes in this context provide a ready-made series of hypotheses to be tested from the literature. In this view, interviews were analyzed categorically in related themes identifying patterns and coding data accordingly. The researcher employed thematic content analysis to analyze the data. The study's research questions corresponded with how the themes were organized. Before presenting, the raw data must be well-articulated before being organized into logical categories that make it simple for readers to understand. This is necessary for qualitative data analysis. According to Maree (2007), qualitative data analysis is an ongoing, iterative process that involves the integration of data collection, processing, reporting, and findings interpretation. By doing this, qualitative data analysis often draws on interpretative philosophy to look into the important information contained in the data that was gathered. The researcher was able to make sense of and draw inferences from the findings because to thematic content analysis. The coding process entails organizing the data into relevant segments, thereby identifying the emerging themes. The emerging themes were noted, after which the researcher spent more time familiarizing with the data, prior to the actual reporting which is presented in the chapter that follows.

The following stages should be performed while using the thematic content analysis method during data analysis, specifically in a qualitative research approach (Terre Blanche, Durrhein & Painter, 2012)". Thematic analysis was conducted using the following steps:

- Familiarization and immersion: I repeatedly read through the participants' responses. To understand what was said, the transcribed data were read several times, while a journal of notes were taken while the transcribed material was read, in order to fully absorb the data.

- Inducing themes: as the main themes and sub-themes, I extracted underlying themes from interviews and clusters. I highlighted the data points as examples, or as pertinent to one or more topics before, tagging significant words or quotations to use later in the data presentation and analysis chapter.
- Coding: I highlighted some data points as instances or as pertinent to one or more topics, then I colored-coded key phrases.
- Elaboration: I then fixed all of the coding errors. I then went on to explore or carefully consider other issues.
- Interpretation and verification: In the end, I put the interpretation together, identified the themes, and checked it. As a result, after checking, I strengthened the written account's weak sections.

3.11 Ethical considerations

Ethical considerations are an integral part of every research process. One of the reasons why it is important to be ethically conscious is to ensure that research participants are protected, as well as to ensure that the research is conducted with a legitimate aim (Bryman & Bell, 2007). In view of this, the researcher followed all the ethical requirements, as stipulated by the University of KwaZulu-Natal's research ethics. Among them, this involves receiving a gatekeeper's letter from the organisation being studied, getting informed consent from the potential participants, who confirmed by signing the informed consent form. The researcher also explained the purpose of the study to the potential participants, ensuring that no harm befalls them during the course of data collection. The researcher also assured the participants of confidentiality and anonymity, explaining to them that the research being done is purely for academic purposes. The participants of the study were informed of their right to withdraw from the study at any point, without any negative repercussions. Essentially, the researcher applied for ethical clearance from the University of KwaZulu-Natal's research ethics committee.

3.12 Validity and Reliability

Validity and reliability are also very important aspects of the research process. Validity refers to the extent which the researcher follows the requirements of the scientific study in generating the findings. On the other hand, reliability concerns the extent to which the findings of the study

can be consistent, if the same research tool is used (Bryman & Bell, 2007). This therefore calls for the need to be reliable, consistent and ensuring the documentation of all the research procedures. In this view, the researcher ensured these by accurately checking all the notes written alongside the recorded data, which was later verified through member checking, where the participants of the study were given the chance to read through the interview data and confirm its correctness. To ensure the validity of the findings, triangulation of data sources was done, that is, combining data from both primary and secondary sources. McBrien (2008) noted that triangulation has been defined as the combination of two or more theories, data sources, methods or investigators in one study of a single phenomenon. In the same way, the findings of the study are discussed in depth, drawing from the participants' experiences, to increase the validity and reliability of the study. On that note, Creswell (2009) pointed that when qualitative researchers provide detailed descriptions of the setting, for example, or provide many perspectives about a theme, the results become more realistic and richer.

In qualitative studies, validity and reliability are measured in terms of trustworthiness, which hinges on credibility, transferability and dependability.

- *Credibility*: I ensured the study's credibility by ensuring that the participants were correctly identified and described using pseudonyms (Connelly, 2016). To ensure confidentiality, the I used pseudonyms in place of the participants' real names.
- *Confirmability*: according to Shenton (2004) and Lincoln and Guba (1985), a study can be confirmed if it demonstrates credibility and appropriateness. According to Shenton (2004), a researcher must take steps to ensure that the findings of his or her research are the result of true participant experiences and ideas, rather than what the researcher wants to learn for personal reasons. Confirmability requires an audit trail of the procedures used in interviews and data analysis. Creswell (2015), for example, suggests that an audit trail be established by recording interviews, jotting down impressions, reducing data into chunks of meaning, and explaining constructed themes, codes, and categories. The interviews were also recorded and transcribed, to ensure there are no errors of misquoting the participants.
- *Transferability*: in a qualitative study, determining transferability is difficult (Creswell, 2009; Shenton, 2004). Nonetheless, a certain degree of transferability can be obtained if a detailed description of the sending and receiving contexts is available in order to make a reasoned judgment on the study's findings. I therefore conducted interviews with the participants and documented every step of the process.

- *Dependability*: refers the consistency of a study's findings, if it were to be repeated using the same methodological framework. In practice, there are parallels between credibility and dependability (Lincoln & Guba, 1985). Dependability, on the other hand, reports the specifics of the entire research process, with a strong emphasis on the methodological framework. I ensured dependability in this study by providing a detailed step-by-step procedure of what transpired during the data collection phase.

3.13 Chapter Summary

This chapter described the methodological steps undertaken to answer the research questions. The chapter clearly described the research design and provided the rationale for the methodological steps adopted. The following methodological procedures were described: research design, research philosophy, research approach, population and sampling, data collection and analysis, ethical considerations, as well as issues of validity and reliability. The chapter that follows presents and analyses the findings of the study, based on the thematic analysis described in this chapter.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

The previous chapter presented the methodological steps undertaken to answer the research questions for this study. This chapter presents and analyses the findings, based on the emerging themes derived from the thematic analysis. As such the following are discussed: the participants' various roles in the organization, their perception of the concept of leadership, service delivery challenges rampant in the organization, the participants' perception of their leadership, as well as what they deem as effective leadership. Furthermore, the effects of staff shortage are also discussed in the context of how they affect organizational operations, as well as the intervention measures necessary to arrest the situation in the organization. Lastly, the importance of leadership in driving organizational success is also deliberated on, followed by the chapter summary.

4.2 Participants' roles in the organization

One of the questions asked sought to establish the participants' occupations in the hospital, as well as their length of service. This was asked to determine how well they knew their organization and its operations. The findings of the study revealed that the participants' jobs ranged from dental therapist, "optometrists, nurses, while others occupied managerial roles in various departments. In terms of the length of service, the longest serving personnel had spent seventeen years in the organization, three of them had nine years, and two of them had four years, while only one had just a year in the organization. The considerable number of years in the organization implies that the participants were well familiar with the operations of the institution, which gives some kind of credibility in their assessment of the leadership of the organization. The idea is that the more time a person spends in an organization, the more they get to understand its people and operations.

4.2.1 Emergent themes from data collected

Table 4.1 illustrates the main themes that emerged from the collected data. Thereafter, the themes are discussed, not in isolation, but simultaneously as they closely relate or link to each other, to ensure a logical flow of the discussion.

Table 4.1: Emerging themes

| Theme | Categorization |
|--|--|
| The current leadership challenges facing Ladysmith Provincial Hospital | <ul style="list-style-type: none">-limited financial resources-human resources issues-ineffectiveness on the part of the leadership |
| The impact of the challenges on healthcare service at Ladysmith Provincial Hospital's performance | <ul style="list-style-type: none">-poor infrastructure-poor service delivery to patients- lack of organisational stability |
| The factors affecting the execution of effective leadership practices at Ladysmith Provincial Hospital | <ul style="list-style-type: none">-shortage of skilled staff-lack of succession planning-appropriate intervention measures needed |
| Intervention measures needed to improve leadership and service delivery | <ul style="list-style-type: none">-involve everyone in strategic planning-emotional intelligent-recruitment of qualified people and filling in vacant positions. |

4.3 Participants' understanding of the concept of leadership

As alluded to in Chapter 2, the concept of leadership has been defined from various perspectives. Likewise, the participants of the study were asked about their conception or understanding of leadership and various responses emerged as follows:

P1: Leadership is primarily to lead by example, have sound knowledge of your role as a leader, which means when a particular department is faced with challenges, you as a

supervisor should be able to handle control, give advice and be neutral about everything and fair to everyone, so to me leadership is leading by example, not dictatorship.

P2: ... I believe the true meaning of leadership will depend on the type of people that you are leading and the goals that the organization has, as well as your goals as a leader. You know some people you can lead from the front and others lead from the back...leading from the front is basically you showing them what to do and leading from the back those are occasions where you get people who basically know what they are doing, they just need you to be there at the back. And give them a pat, encourage them and appreciate whatever it is that they do. Correct whatever mistake there is to correct, so it depends on who you must lead.

P4: 1. Working as a team to achieve a single goal, engaging relevant stakeholders and encouraging everyone to work together.

P5: A leader is someone that makes decision and has ability to influence workers /people to do what is being asked of them.

P6: The concept of leadership deals with a leader who has the wisdom and abilities to lead a group to their full productivity, so that they perform tasks and duties with aim of ensuring the organization reaches its goals.

P7: I would say it a process in which a leader influences others in the organization to achieve certain objectives and goals within an institution, and direct the institution in a way that will help achieve its vision.

The responses provided by the participants were very interesting as they clearly understand what leadership is all about. Essentially, their descriptions of leadership resonate with the various definitions and types of leadership documented in literature. Some of the key descriptions provided included *...lead by example, have sound knowledge of your role as a leader, ...lead from the front and others lead from the back...leading from the front is basically you showing them what to do and leading from the back those are occasions where you get people who basically know what they are doing, ...has ability to influence workers /people to do what is being asked of them, has the wisdom and abilities to lead a group to their full productivity, so that they perform tasks and duties with aim of ensuring the organization reaches its goals, ...influences others in the organization to achieve certain objectives and goals within an institution, and direct the institution in a way that will help achieve its vision.* As noted, these descriptions echo what some authors described as leadership. For instance, Bush

(2012) pointed that Leadership is a process by which one person influences thoughts, attitudes and behaviors. The leader sets the direction, sees what lies ahead, visualizes what can be achieved, encourages and inspires. Similarly, Bhat (2013: 24) argues that leadership entails the proficiency and capacity of a person (the leader) to lead and energize individuals in accomplishing their vision and mission, Kouzes and Posner (2012) highlight leadership as regarding a mutual connection between the leader and his people who share the same values and believe in the mission of the organization. The responses also confirm what Moynihan et al (2012: 143) indicated, that leaders will not attain great things on their own, but good leaders are those who mobilize resources and others to aim for a conducive working relationship, with the hope to achieve organizational goals.

From the participants' depiction as well, it is clear that leadership is about directing others who choose to follow- a leader goes beyond the role and designation- they work beyond the organizational role and must therefore possess the skills and attributes relevant for effective leadership- in this case they noted the ability to influence, wisdom, the ability to handle and control, among other things. The conception of leadership as provided by the participants actually speak to the different types and styles of leadership- one participant said the kind of leadership is determined by the people being led, thus concurring with the fact that leadership is situational. Another participant noted how some leaders lead, some from the front- those that direct their followers, while there are others who lead from the back, thus referring to the laissez faire kind of leadership- one who trusts and relies on their followers to work without supervision. This kind of a leader employs the hands off approach and allows followers to make decisions (Ahmed, et al., 2021).

Another participant emphasized the fact that a leader is one who leads by example, thus confirming Northouse's (2016) sentiments that a leader is one who is exemplary in displaying the core values of the organization, one who inspires and motivates fellow employees in the workplace-not to work in isolation, but to encourage a sense of shared responsibilities. This type of a leader encourages the spirit of togetherness in all aspects of the workplace- including trusting and having confidence in others to carry out responsibilities, as well as acknowledging their efforts where it is necessary (Northouse, 2016). In the context of the study, one might argue that perhaps what the participants implied is that their own leadership ought to be reliable, consistent and capable, in order to ensure the quality of the healthcare services provided to the general public.

4.4 Leadership related challenges being faced in the organization

As anticipated, public institutions have their own share of challenges which mainly emanate from limited funding from the government. The healthcare facilities are not spared. Upon asking the participants about some of the challenges that they experience at the hospital in question, the challenges varied from lack of essential infrastructural resources to human resources issues. These are elaborated in the following sections.

4.4.1 Limited financial resources and their implications on service delivery

One issue that came out strongly from the participants was the lack of important resources, most of which they need on a daily basis for their operational needs. The following were the responses from the participants.

P1: unavailability of resources to work, for example major problem with water, we have no water sometimes, only water we receive is by water tankers, we only did few dental treatment extraction, no fillings and no scaling and polishing, patients who came were only helped with extractions and education, most of the patients were from poor backgrounds so even if you refer them they wouldn't be able to go, due to travelling costs... Secondly it was the delay in delivery of resources to work, for example when we run short of needles, we could never get them on time, so he had to run out of needles before they realize we need new needles...when short of instruments to work with, sometime we didn't have an autoclave because our autoclave broke down often, so he had to take our instruments to another institution for cleaning... Sometimes they used to take our instruments to different hospitals to get them cleaned, but in terms of getting other equipment working like scaler and fast hand-piece, for about 4 years I have been here nothing has been done, it has been brought up at meetings, discussed but nothing has been done.

P3: they always blame the budget, that they don't have the funds, however the allocation and use of funds by the leaders is where the problem. Sometimes funds that I made for a project and then gets redirected to another project.

P2: NSI forms always came back with a negative response, basically saying they don't have Money for it. When they did try fix the x-ray machine, they were no films, no solutions to process the X-rays, they fixed the scaler but the suction was not working. So basically

whatever was done was not strategically actioned. And we were not involved in terms of deciding, they won't ask us on what to prioritize if they can't resolve everything at once.

P7: ...shortage of office space... simple thing such as rim paper. The process of acquiring service providers, bidding and awarding the tenders needs to be looked, a lot of flaws that end up making going to work frustrating. The financial constraints and the lack of leadership support. Poor budget allocation and misuse of funds, flaws in the tender awarding processes, not prioritizing the department by senior management...Not having sufficient work space kind of reduces productivity ...

The challenges indicated above are a real major concern, one can imagine a medical facility operating without proper infrastructural equipment and limited supply of an essential resource like water. The lack of these essential resources is a source of demotivation as the employees have to compromise and operate with limited or non-existent resources. The broken equipment, mismanagement of finances and poor budget allocation, are indicative of the poor management, ignorant and lack of influential power leadership of the organization, as noted by some of the participants. One participant raised a very important issue related to leadership, *...we were not involved in terms of deciding, and they won't ask us on what to prioritize.* This sentiment points to the nature of the leadership in the organization- relevant stakeholders are not consulted when it comes to decision making. Literature has indicated how detrimental it is to exclude subordinates from decision-making- they feel like they are not being valued, like they are not part of the organization, then they tend to question themselves about their relevance in the organization. On the part of the leadership, it gives the impression of autocratic, authoritative and coercive leadership styles- employees' opinions are not considered and the leadership expects the employees to adhere to the decisions that they would have made. This kind of leadership is not sustainable in the long run.

In addition to the challenges posed by limited financial resources, participants also indicated major challenges with regards to human resources. Their responses in this regard are indicated below.

4.4.2 Ineffective leadership and its implications

Having discussed the above, participants were also engaged to deliberate on what they think about their leadership in their organization. Further to this, the participants were also asked about the extent of effectiveness of their leadership. The findings are discussed below.

P1: In all honesty, the leadership was not effective, reason being we can't be facing the same challenges for years without changes, it's always the same things, shortage of resources, understaffed, every year we have to improvise. Nothing was really done. The leadership failed us... people not having sound knowledge what they job is and role in places they lead, secondly not able to provide resources for working. So they don't know what we work with, so they won't know how important for us to have whatever we requesting. So our leaders don't have knowledge how each department is run and how important each department is in the institution.

P2: Ineffective, for the effect that we don't have sufficient resources, and staff and this is not with my department only, It's the case in the whole institution.

P3: Leadership as a whole is not effective, however...The jumping and switching on leadership positions and not having a stable permanent CEO also results in the challenges of instability and lack of continuity. NSI form to request for resources within the department, however it wasn't working because it took far too long for us to get the resources...It took too long for whatever was requested to be sorted out and to even get a response. Channel of communication was just too long. From me to my supervisor, to medical manager, to CEO, to the district to provincial. By the time we have feedback already time has been wasted because the whole process takes time...Some leaders doing as they please and not in the interest of achieving service delivery.

P4: No, this institution is ruined by people who do not think of patients first, they put themselves before patients. Even though some are trying and production level staff try their best, but management always hinders the works of production level employees. They lack unity and purpose. Everyone wants to prove to the others that they are more important than others...CEO himself lacks a backbone, he listens to everyone who tells him what to do and he ends up not doing thing.

P6: Ineffective, its bad, the employees are not motivated, encouraged, led well to reach their full productive potential.

P7: Ineffective, because it's like we have no direction, everyday it's something new that has to be implemented and is not followed through. Politics, lack of influence to followers from leadership, support challenges from district office, financial constraints.

P8: Politics is a major challenge when it comes to the leadership, I don't want to divulge more.

Upon providing the above responses, participants were probed further to explain what then effectiveness means in leadership, in context that they rated their leadership as ineffective. On that note, they described effective leadership as follows:

P2: ... when a leader motivates and encourages you to perform well and efficient leader I think it has to do with monetary reward, like performance bonus.

P3: Effective -this is a productive leadership that achieves organizational goals

P4: Effective and efficient are just on the paper and not in practice

P5: Effective -focuses on productivity -such as motivation, teamwork and communication. Efficient -uses limited resources to get the job done.

P6: Effective leadership produces results which leads to reaching objectives, effective is producing results proactively.

P7: Effective that would be a system or process that works and produces desired results and efficient is being productive independently and achieving the desired results.

It was interesting to note how participants described their leadership as ineffective, and further explain what effectiveness means in leadership. One participant said something very important- *CEO himself lacks a backbone, he listens to everyone who tells him what to do and he ends up not doing things.* This statement gives a picture of a leader who cannot stand on his own, cannot make a final decision as the leader, but goes in whatever direction that everyone pulls him. Notably, the participants' descriptions of effective leadership concur with the various theories and styles of leadership- which explain what a good leader does- communicates with employees, motivates them to achieve organizational goals, and drives the organizational mission and vision. Thus, the extent of organizational effectiveness is highly influenced by the nature of the leadership within the organization. In this way, effective leaders are those who possess the ability and power to guide and influence the employees to achieve the objectives of the organization (Grohar-Murray et al., 2016). These leaders, as implied by the participants, should possess certain personality traits which include responsibility, self-confidence, innovation, flexible, good interpersonal relations, to mention a few (Thomas, 2015). From the participants' perspectives, effective leadership calls for a high level of competence in the

articulation of services and accountability needs of any institution. This speaks to the ability to effectively manage people, empowerment and strong communication skills.

As indicated by the responses from the participants, an effective leader is one who knows and communicates the vision of the organization to the rest of the employees, is one who ‘manages’ the organization and drives it towards development. Essentially, an effective leader also cares about relationships with various stakeholders, meaning that he or she should possess the necessary skills to ensure effective stakeholder management (Thomas, 2015). From the participants’ responses, it is evident that effectiveness in leadership resonates with certain characteristics, traits and skills, as cemented by Van Wart, three of the more common leadership characteristics are traits and skills, leader behaviors, and leader attributions of followers (Van Wart 2011:45). Van Wart (2012) identifies six essential elements or skills necessary for effective leadership: communication, social, influence, analytical, continual learning, all these elements, the participants seemed to indicate that they do not manifest in their leadership.

Literature indicates that poor leadership in healthcare systems often leads to reduced efficiency, increased costs, as well as demotivated or demoralized employees- this has been confirmed by the participants when they explained how the challenges affect their overall operations in the institution (Judge, 2004; Doherty, 2014). It was indicated in Chapter 2, that in the South African context, while efforts have been made to address the key issues, many challenges continue to hamper effective healthcare service delivery. It was noted that patient care is not yet provided in a safe, affordable and effective way (in this instance the shortage of water in the hospital makes it difficult for the employees to carry out certain procedures), lack of relevant legislations, capacity constraints, as well as the competency levels of the CEOs, among others (Pillay, 2010; Maserumule, 2011; Doherty, 2014).

The challenges presented above clearly shows that leadership crisis is still a major concern in public health facilities. With reference to this, Chatterjee, Suy, Yen and Chhay (2017) argue that this is a result of resistance to change, yet the role of leadership in the healthcare cannot be underestimated. Whaley and Gillis (2018) highlight that the reason for poor leadership is the poorly designed programmes aimed at leadership training- the programmes are not tailor made to meet the needs of the respective leaders. From the participants’ sentiments, it is clearly indicative that leadership in the healthcare needs to be cultivated in order to address the current challenges facing the sector. Effective leadership is thus pivotal if the healthcare sector is to re-engineer its practices, for the benefit of all who access public healthcare facilities- primary healthcare is an ultimate human right in South Africa. It is indeed an issue of concern, as

highlighted by the participants, that some of the leaders in the organisation do *not understanding the importance of dentistry... The only thing they know is that if you have a toothache you need to extract it....* This shows some level of incompetency on the part of the leadership. Likewise, Fryatt and Hunteri (2015) noted that in South Africa, over 50% of managers in the health care fraternity have not gone through leadership training. This is more worrying and might have detrimental effects on the healthcare system, particularly the risk that it poses on patient care. One participant clearly put it this way, *some managers need capacitation and skills to occupy the positions that they are currently holding.*

In line with the discussion in this chapter, one can safely say that service delivery at the hospital in question is also affected by leadership decision-making and leadership commitment issues. Evidently, reports indicate that the South African healthcare fraternity is a complete failure and is on the verge of collapsing due to inadequate management and poor leadership-lack of vision and poor goal setting (Carney 2009; Centre for Development and Enterprise 2011; Coovadia et al. 2009; Adejumo & Archibong, 2013; Franks 2014; Pillay-van Wyk et al. 2016).

In view of the findings presented herein, it is evident that health care service delivery at the LPH is in critical need of urgent restructuring, to enable the hospital to provide quality health care, as envisioned in the South African Constitution, as well as the Patients Right Charter (Schaay et al, 1998). To this end, the National Department of Health. Human Resources for Health South Africa noted that there is a major need for investment in public service training, leadership development and capacity building, as an indispensable precondition for a sustainable public service for effective service delivery. What is required therefore is to transform the current organizational structures, as well as the organizational culture, while at the same time, new policies should also be considered, to keep pace with the changing healthcare environment. Essential to this, one participant noted, *...our leaders don't focus on monitoring and evaluation of implemented programmes.* This raises very important issues-ignoring monitoring and evaluation is indicative of the poor performance management systems in the organization. This is one way in which those in power get away with uncalled for behavior in the workplace- corruption, misconduct and lack of accountability among the DoH officials, thus leading the government into failing to fulfil its constitutional mandate of quality service delivery to all citizens.

As noted, Managa (2012) also argued that the main hindrance to performance at local government level includes institutional capacity, financial mismanagement, lack of public participation in matters that affect them (one participant indicated how they are not being

involved in decision-making processes), as well as high levels of corruption- KZN provincial hospitals have made headlines several times in the media, allegedly due to corruption, fraud, critical staff shortages, outdated medical equipment and supplies, poor management, long patient queues, to mention a few.

4.4.3 Human resources issues and their implications on organisational processes

Human resources are critical to the operations of any organization, meaning that any problems related to that aspect, may result in reduced productivity. The participants mostly indicated the shortage of human resources in key areas. In some instances, there seem to be people who are not so qualified to do the jobs that they are doing.

P1: Under staffed- we are two practitioners, two assistants and we see roughly 40 patients a day, which is exhausting...

P3: Another major challenge is the shortage of staff, always complaining about the same thing at meeting but nothing much is being done to fill the vacant posts...they have tried to allocate funds for the critical skilled health workers and tried to fill the vacant posts, however the retention strategy leads to them being lost. Others have left due to the working conditions. The strategies need to be interlinked, ensuring that we have enough resources and equipment that is working, so that the critical skilled health workers don't get frustrated.

P4: I don't think they take employees complain /concerns seriously ...Reporting to someone who knows nothing about Optometry. I need to explain one thing over and over.

P2: ... Problem was that limitation in the scope of practice, fresh from school, being taught everything, now you get into this place and you want to see if you can. Really do it on your own, but only being limited to one treatment extractions.

P6: In government institutions we are faced with a lot of problems, in my department the main challenge would be the shortage of staff and resources...

P7: Shortage of personnel, ... the lack of leadership support. Failure to meet targets.... Staff over worked, get burnout, this results in poor performance...leadership lacks influential power.

P8: Capacitation of managers through workshop are not being done... Not having a sufficient budget to recruit, make a good offer, provide a healthy and conducive work environment and retain staff. Not having a relation with different department managers in ensuring that our human capital is well taken care of... shortage of human resource practitioners. Lack of support from managers in the district since all these departments are interlinked. Failing to retain our critical skilled health workers.

The participants also confirmed that poor leadership is a result of inexperienced managers being placed in senior positions. As indicated in Chapter 2, it is common knowledge in the South African context to see managers being promoted to senior positions because they would have served the institution for a long time, and not necessarily because they have the prerequisite skills and qualifications, a situation which creates a gap between the management team and the intended clinical outcomes (Pillay, 2010).

Because of the problems inherent in the human resources issue, there seem to be lack of motivation by the existing employees, hence, the failure to meet targets, as well as absenteeism from work. To make matters worse, participants indicated lack of support from the management- a few of the participants indicated this issue, while one participant noted that despite their efforts to push for the recruitment of the needed staff, it seems their messages are falling on deaf ears- they said nothing is being done about the matter. This surely raises concerns about the nature of the leadership of the organization, as the participants further confirmed that the challenges were a result of *poor management, poor planning..., ignorance from the medical manager*, and many other management related problems. Upon probing the participants as regards the sources of the challenges, the respondents identified several issues related to the management of the organization:

P1: cause of the challenges I would say was management not understanding the importance of dentistry, so that didn't make or allow us to do as much as our scope does, because they have less understanding of it. The only thing they know is that if you have a toothache you need to extract it, I think that's where the problem is.

P4: 1. Ignorance from medical Manager who think that other healthcare practitioners are not as important as medical practitioners.

P6: Poor management, poor planning, inadequate funds, theft of resources.

P8: Our leaders don't focus on monitoring and evaluation of implemented programmes. Management strain, some managers are forced to supervise and manage they

departments at the same time. The blanket approach of only filling essential posts results in critical workers not being attracted to the hospital due to fears of being overworked and burnout.

From the discussions with the participants, one of the major problems currently affecting the organization is the instability caused by staff shortage, as well as poor employee retention strategies. In view of this, the participants spoke at length about how that kind of environment affects organizational operations.

P1: ... 4th of 5th month you decide to quit, then they hire someone else that delays time and progress, because we have to start again, train someone, familiarize them and make them understand how the system work and the institution work. So it delays the whole process of service delivery or functionality of the institution is really delayed.

P2: the vacant leadership and management posts not filled, having people holding two positions at the same time. Not having a permanent CEO. All these have an effect on the way the organisation functions and deliver services. Communication- the information doesn't cascade down onetime to the general staff, resources lengthy process of acquiring essentials, specialized personnel, they don't stay for longer the recruitment process needs some serious attention. We don't even have a retention strategy for interns. Staff wellness not taken seriously by management, staff burnout due to being over worked. It affects service delivery in many ways, the lack, shortage and late delivery of resources results in delayed treatments, shortage of specialist results in patient having to be transferred to Newcastle and Durban. Shortage of staff results in patients not being attended too on time. Equipment not being serviced and repair results in the provision of limited services.

P3: ...especially with the CEO position still vacant, and politics still influencing the leadership and appointing leaders into leadership positions. This affects the smooth transition of power, creates problems with the projects being implemented when a leader leaves prematurely. The ship loses direction and everyone wants to do their own thing.

P4: Negative impact, because we have to start afresh every time because they deny /rather they say the person that left did not leave anything. So always requesting same thing over years with no success... Reason - no unity in leadership. HOD some

have their own motive about budget... Service delivery is greatly affected, like there is zero service delivery, patients are lied to/ given false hope because we have been told even to tell the patients what is really happening in the institution.

P5: There is less posts of those that left aren't filled so we have to work with the team members we have.

P6: Negatively, succession and transition of power, is affected, organisation left with leadership vacuum, acting positions. Lack of accountability, political influence, financial wastage, improper allocation of funds, lack of leadership skills, lack of monitoring...the gap is huge, capacitation on leadership skills, filling of vacant posts, enforcing accountability..., wrong decisions are being taken by the leadership without involving the lower level staff that deal with patients daily. In other cases, some things are not being prioritized or a simple equipment dental X-ray machine repair is not being approved, these minor decisions by the leadership affects service delivery poorly.

P7: This has resulted in the transition of power not being done adequately, which affects continuity of power and functioning of the institution...the vacant posts, the leadership challenges at the institution, the continuous challenges that don't get addressed. It affects service delivery negatively, with staff shortages, delays in treatments, shortage of resources. The institution is now regional UKhahlamba and Langalibalele refer to our institution for tertiary care, however we end up referring to Pietermaritzburg and Newcastle due to equipment not working or not being available. So patients never get picked up by our EMRS due to challenges in those department. Issue of vehicle shortages our primary health care teams doing mobile clinics are challenged and this results in poor service delivery.

P8: I know of a manager who was just fed up having to do multiple tasks all by himself due to shortage of staff in his department. He ended up resigning, that department was left without a manager and they were no supervisors or line managers to act on his role because he was holding all those positions, he was told financial constraints when request human capital. So the transition of power is usually problematic in most cases.

The human resources issues highlighted by the participants are really a major concern, mainly for the continuity of the organization. Seemingly, the working conditions are not conducive-

employees come and go within a short space of time. Secondly, the vacant posts take long to be filled. Lastly, there seems to be no or poor succession planning, such that if an employee leaves the organization, those who remain behind have no idea about where to start from, then they end up starting from scratch. This is disastrous in terms of organizational stability. The situation within the organization raises critical questions about the competency of the leadership, which the participants rated very low, mainly due to the management personnel coming and going every time, resulting in organizational instability. The study thus indicated how the shortage of qualified personnel, as well as the lack of proper training on health personnel, affects the operations of the hospital, thus echoing other scholars' sentiments in this regard (Pillay, 2010; Maserumule, 2011; Doherty, 2014).

4.5 Intervention measures needed to improve leadership and service delivery

Upon describing their leadership, as well as their perceptions of effective leadership, it was important to also get to understand what the participants think, in terms of what they think should be done to arrest the situation in the organization. Interestingly, the participants shared their sentiments as noted below:

P2: The leadership, needs to be on the ground and do regular assessment on the working condition, equipment. Involve everyone doing strategic planning from the cleaner to security...Ensure provision and supply of essential resources.

P3: Ensure that the institution functions optimally and achieves all its service delivery goals.

P4: To provide required resources to meet services rendered, if it's standard resources to ensure that service delivery is not compromised.

P5: Effective leadership - you motivate workers and they deliver.

P6: Leading, directing, guiding, motivating, evaluating performance.

P7: Overseeing that the objectives of the institution are achieved, secondly use their leadership skills and power to influence and steer followers to their productivity mode...To monitor, evaluate and account. Ensure integrated support of all departments and also mend good relationships with the district office for better support.

P8: Having a vision of the institution, and instilling that vision to the workforce, and ensure close monitoring and evaluation of goals to achieve the vision. Ensure that the monitoring and evaluation is continuous.

The sentiments raised above point to the need for effective leadership, and as reiterated earlier, effective leaders are those who consult with their subordinates, they have good communication skills, they drive everyone towards achieving the mission and vision of the organization, they put effective monitoring and evaluation strategies in place, among other things. In the face of the nature of the leadership, as well as the challenges highlighted by the participants, it is indicative that the organization in question is in dire need of transformational leadership. The participants laid bare their frustrations emanating from different causes. In this view, transformational leadership is imperative as a matter of urgency, because of its ability to:

Raising people's awareness; helping people look beyond self-interest; helping people search for fulfilment; helping people understand the need for change; investing managers with a sense urgency; committing to greatness; adopting a long-range perspective and at the same time observing organizational issues from a broad rather than a narrow perspective; building trust; concentrating resources on areas that need the most change (DuBrin, 2010: 85-86).

Similarly, The Health Care 2030 (Western Cape, 2014) highlights that transformational leadership is mandatory for the leaders in the managers and clinician ranks. The situation described by the participants also resonate with the path-goal theory which emphasizes the need for a leadership style based on the nature of the team being led (in this case the team is frustrated by the challenges inherent in the organization), as well as the nature of the task to be accomplished- in this case transforming the organization to a road to recovery (DuBrin, 2010). The path-goal theory emphasizes the right fit between the situation and the leadership. In concurring with the situation within the organization, the path-goal theory highlights the following as imminent:

When job assignments are unclear, directive leadership helps to clarify task objectives and expected rewards. When self-confidence is low, supportive leadership can increase confidence by emphasizing individual abilities and offering needed assistance. When task challenge is insufficient in a job, achievement-oriented leadership helps to set goals and raise performance aspirations. When performance incentives are poor, participative leadership might clarify individual needs and identify appropriate rewards (Schermerhorn, 2011:322).

4.6 The importance of leadership in achieving organizational goals

From the above discussion, one can visibly see the role of leadership in achieving organizational goals. The participants of the study also put forward what they thought is the role of their leadership in an effort to achieve organizational goals:

P1: I honestly feel that if the organization has a proper leader, we all follow our supervisor or look up to them, they instructions. Follow how they do they works it can't be we complaining about the same thing and our concerns are not that important.

P2: Leadership plays an important role in the overall performance on the organization, they have the vision, and they need to live to that vision through the workers. They need to motivate, push and direct the workers towards achieving the organizational goals... the leadership needs to have a vision and a way of instilling that vision to its workers and bringing that dream to life... the institution, needs to appoint a permanent CEO, and fill all the crucial vacant posts and get the institution functioning optimally.

P4: Decision making, Conflict management, Integrity and Honest. Managers should be taken to a four-week leadership workshop. Also, if possible, can managers be employed after writing a small test, showing understanding of all department they will be supervising after a year, they should be given a platform to report back on the challenges, emphasis on how to manage your employees not to boss them around.

P5: If one is a good leader people are most likely to perform. With good leadership and communication, we are able to optimally achieve organizational Goal.

P6: Motivating and encouraging workers to their full productive potential for them to work towards the organization goals. Also offer support monitoring and evaluation... without the leadership the organization has no direction.

P7: Leadership needs to equip themselves continuously through training with leadership skills, for them to better lead their teams. Leadership needs to continuously monitor their teams and provide necessary support and motivation for workers to reach goals and objectives. Assess leadership style and adjust

accordingly. Leaders are the drivers of the ship, they need to ensure that everyone is on the same page for the ship to reach shore. Leaders need to ensure everyone understands the organizational goals and motivated to productivity to achieve the goals. The provincial leadership needs to intervene because things are just out of hand especially after COVID-19.

P8: Strengthening the HR department to ensure that due processes are followed when filling posts, need to look at the policy of declaring conflict of interest... the leadership holds the vision of the organization, they need to ensure that the vision comes to light through the workers.

As reiterated earlier, the participants still remained firm on what they think their leadership should be- motivational, good in decision-making, monitoring and evaluation, and also being constantly upskilling themselves. In the main, the participants wish to have the kind of leadership that lead them towards achieving the organizational goals. As indicated in Chapter 2, followers tend to have respect, faith, admiration and loyalty towards the transformative leader who is selfless, one who makes them realize the essence of the task, who encourages them to exceed their personal interests, to think critically and independently while finding new ways of doing their jobs. Thus, in its current state, the organization aspires for a leadership that stimulates the intellectual capacity of the followers, in order to enhance their performance, being satisfied and subsequently become committed to the organizational goals (Ahmad et al., 2013).

4.7 Chapter summary

This chapter presented and analyzed the findings of the study, based on the emerging themes that were identified. It is important to reiterate that data were analyzed in line with the descriptions provided in the previous chapter. In the main, the findings of the study indicate that LPH has an institution is marred by leadership crises, which then has a ripple effect on the performance of the organisation as a whole”. In this view, the chapter that follows provides a summary of the study, conclusions and recommendations, based on the findings presented in this chapter.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter concludes the study. It is therefore important to provide an overview of the whole study. Chapter 1 outlined the study by highlighting the background of the study, problem statement and rationale, aim of the study, objectives, as well as the significance of the study. Chapter 2 described the literature underpinning the study. Chapter 3 detailed the methodology of the study, where important aspects such as the research design, the approach, population and sampling, data collection and analysis, as well as ethical considerations, were described in detail. Chapter 4 is the presentation and analysis of the data collected. As indicated, this chapter concludes the study by presenting the summary of findings, conclusion, recommendations, as well as suggesting areas for future research. The following section thus presents the summary of the study, as informed by the objectives.

5.2 Summary of the study

5.2.1 To identify the current leadership challenges facing Ladysmith Provincial Hospital

The first objective sought to establish the leadership challenges within LPH. The main findings indicated that the leadership is ineffective, particularly highlighting the fact that the COE himself cannot make concrete decisions on his own. The participants of the study were particularly concerned about the high turnover rate in the institution, and essentially, the fact that the vacant positions do not get filled on time. This leaves a void in the operational processes of the organization. The participants pointed to what they perceive as effective leadership, which they then claimed their own leadership does not possess such qualities. From their perspectives, effective leadership calls for a high level of competence in the articulation of services and accountability needs of any institution. This speaks to the ability to effectively manage people, empowerment and strong communication skills.

5.2.2 To assess the impact of the challenges on healthcare service at Ladysmith Provincial Hospital's performance

Of note, the participants bemoaned poor infrastructure which negatively affects their daily operations. They indicated that the lack of these essential resources (infrastructure and limited finance) is a source of demotivation as they have to compromise and operate with limited or non-existent resources. The broken equipment, mismanagement of finances and poor budget allocation, are indicative of the poor management, ignorant and lack of influential power leadership of the organization, as noted by some of the participants. Essentially, the participants indicated their exclusion from important decision-making processes, which then makes them feel like they are not being valued, like they are not part of the organization, then they tend to question themselves about their relevance in the organization. With regards to the challenge of human resources shortage, as well as having unqualified personnel in certain positions, the participants indicated that it affects the operations of the institution, there seem to be lack of motivation by the existing employees, hence, the failure to meet targets, as well as absenteeism from work. The participants indicated lack of support from the management- despite their efforts to push for the recruitment of the needed staff, it seems their messages are falling on deaf ears- they said nothing is being done about the matter. The participants indicated how the shortage of qualified personnel affects the operations of the hospital, as well as the poor budgeting system which results in many problems, and many other challenges. Overall, it was noted that service delivery at the hospital in question is affected by leadership decision-making and leadership commitment issues.

5.2.3 To identify the factors that affect the execution of effective leadership practices at Ladysmith Provincial Hospital

Regarding this objective, the participants noted that their leadership lacks the qualities of a good leader, some of the leaders do not possess the required qualifications for the positions that they occupy. The fact that most of the key positions are also vacant is problematic- those who are acting in the positions seem to be clueless as regards the job descriptions. Essentially, other issues such as the limited financial resources, as well as the poor infrastructure makes it difficult for the leadership to discharge its duties effectively. One participants succinctly summarized the factors this way... *do not think of patients first, they put themselves before patients. .. Management always hinders the works of production level employees. They lack unity and*

purpose. In addition to these, other factors were also highlighted: politics, ...*jumping and switching on leadership positions and not having a stable permanent CEO also results in the challenges of instability and lack of continuity...* overall, the factors affecting the effectiveness of the leadership were indicated to be diverse.

5.3 Recommendations

Based on the findings presented in the previous chapter, the following recommendations are made.

5.3.1 Leadership development interventions

It is clear that there is leadership crisis at LPH. In this view, it is important for the leadership to understand the meaning of leadership and be able to distinguish it from management. Some respondents indicated that the leadership fails to make decisions alone, that is a weakness which hampers organizational operations. Values-based leadership, is what is needed. This implies the need to improve the leadership's competencies through refresher courses, workshops and some form of training- to enable them to demonstrate the personal qualities of good leadership. Essentially, emotional intelligence (being able to manage one's emotional state), as well as social intelligence (the interpersonal abilities to support teams and relationships), are imperative.

Since the leadership in question is for medical institutions, it is also recommended that the leadership framework be complemented by a clinical leadership competency framework- to enable the medical practitioners to actively engage in planning and service delivery processes. This recommendation is made in line with the result indicated by the participants that some of the leadership only knows about how to remove a tooth and nothing more. Thus, a learning and development opportunity must be afforded to the aspiring leaders, together with the respective supporting tools like performance appraisal- getting feedback from clients, as well as the subordinates (360-degree performance appraisal). In other words, the monitoring and evaluation system must be strengthened.

What this means is that the support interventions for the leadership must focus on developing people and teams, practice, values, and outcomes in general. The leadership development process can take different shapes, as required- from on the job training, formal training, no non formal training, coaching and mentoring, in-service training, learning networks, as well as

action learning, etc. these suggestions highlight the need to strengthen the currently existing training programmes, if there are any- courses can be structured differently to ensure more hands-on and action-oriented learning. For the younger leaders, it is important that they do internships- work with the senior and more experienced managers.

5.3.2 Effective succession planning measures

In the main, what emerged from the participants' responses is the assertion that there is no effective succession planning in the organization- when a position falls vacant, it remains vacant for a long time before it is filled. Therefore, the HR of the institution need to put in place a more strategic and effective succession planning approaches across the institution- in order to avoid the unnecessary challenges being faced in the absence of qualified personal to take up certain leadership positions. This is important to produce strong and capable leaders who strive for excellent service delivery goals, even in the face of limited resources. This assertion is pointing to transformational leadership that is innovative and creative towards achieving institutional goals- for quality and optimal healthcare service delivery. Essentially, the findings of the study brought to the fore, the essence of the competencies and skills of healthcare professionals- these are imperative for the execution of the clinical functions. Thus, in light of the findings- that some of the leadership is not qualified in the positions that they occupy, the prerequisite skills are needed to meet the current and future human resources needs of the institution.

5.3.3 Infrastructural replacements

The strong sentiments that emerged from the findings pointed to the dilapidated infrastructure with the hospital, which affects the daily operational needs of the hospital. This calls for an urgent need to replace the broken equipment- through baseline support, so that the healthcare workers can execute their duties effectively. Thus, infrastructure improvement plans are essential- from the KZN DoH level. The procurement of medical equipment and improvement of the existing structure should be prioritized in order to ensure quality healthcare service delivery. Moreover, quality management programmes and lean thinking are encouraged- these can be implemented for developmental purposes of the leadership. The concept of lean is often associated with manufacturing industries. However, lean thinking can also be applied to ensure smooth workflow and reduce wastage. In this context, lean thinking can be used as a strategy

to resolve the many challenges affecting the institution- in combination with leadership development programmes.

5.3.4 Integrated leadership approaches

Lastly, the study also indicated the importance of integrating leadership approaches in the organization- taking into consideration the diversity of the challenges being faced. The leadership ought to adapt to the turbulent circumstances haunting the organization. This is in order to provide optimal service delivery to the citizenry of the province- in line with the *batho pele* (people first) principle. The relevant structures must be strengthened to ensure accountability and transparency.

5.4 Limitations of the study

It is important to note that this study focused on one particular case, meaning that caution should be taken in generalizing the findings of the study. Another limitation of the study was that the time given to complete this dissertation was rather too short, meaning that the researcher was bound to complete within the expected time. This means that the scope of the study had to be reduced as well, hence, the decision of the researcher to focus on one particular organization, yet using several cases might have produced more in-depth insights regarding leadership challenges in the healthcare sector. Essentially, it was very difficult to get the participants to speak about the leadership challenges affecting the organization in question, this was for fear of victimization, as well as the sensitivity of the matter in general. However, the researcher managed to assure the participants that the purpose of data collection was purely for academic purposes, which then prompted them to provide the necessary information without any fear.

5.5 Areas for further research

This study has highlighted the importance of leadership in a health facility, as evidenced by the results. Likewise, an extended study could be done with a larger sample, to establish whether the findings of this study are consistent with all the major hospitals in South Africa. This is important in bringing deeper insights about the situation in public hospitals, while at the same time, such a study could also inform best practices in terms of leadership in public health institutions.

5.6 Conclusion

The findings of this study highlighted the leadership related challenges being experienced in a public healthcare facility. Subsequently, respective recommendations were made- the need for urgent interventions to promote optimal health care service delivery. What is therefore indicated is a need for transformational leadership in the public hospitals, in order to improve service delivery to the larger society. Similarly, achieving this would require strong leadership and financial support from the relevant stakeholders. In line with the *Batho Pele* principle, a people-centred service delivery in public health system is imminent, thus also implying the need for large scale leadership development interventions which go beyond training, but are intended for an improved service delivery. Most importantly, drawing from the findings of the study, both leadership development and structural changes are imperative in ensuring a sustainable implementation of quality service delivery.

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Appendix 1: Interview Guide

1. Tell me about your position and your role in the organisation?
2. For how long have you been in that or any other leadership position?
3. What is your understanding of the concept of leadership?
4. What are some of the challenges that you faced to date?
5. What do you think are the causes of those challenges?
6. What has been done to ensure that such problems do not occur again in future?
 7. What are the existing service delivery challenges at Ladysmith Hospital?
 8. What do you think is the role of leadership in ensuring effective service delivery?
 9. We have heard instances whereby the leaders of this organisation are vacating their sits before the end of their tenures, what can you say about the leadership of this organisation?
 10. Based on the previous question, how does that impact on the processes of the organisation?
 11. What do you think are some of the challenges related to leadership in this organisation?
 12. What intervention measures are in place, or have been put in place to deal with service delivery challenges?
13. How can you respond to media reports about a gap in the leadership in this organisation?
14. What do you think is the role of leadership in organisational performance?
15. Based on your previous response, to what extent do you think the leadership of this organisation is working towards achieving the organisational goals?
16. What in your view, is effective leadership?
17. In your honest opinion, is the leadership of the LPH effective or ineffective? To what extent? Please explain your answer.
18. Do you agree that there is a gap in leadership in this organisation? If yes, can you mention examples and describe the causes of such?
19. Based on your previous response, how is the gap in leadership affecting service delivery to the general public?
20. Do you agree that the success of an organisation highly depends on its leadership?
21. Anything that you would like to bring to my attention?

THANK YOU FOR YOUR PARTICIPATION!

Appendix 2: Informed Consent

UNIVERSITY OF KWAZULU-NATAL GRADUATE SCHOOL OF BUSINESS AND LEADERSHIP

MBA Research Project

Researcher: Mr I.K. Mzimela (Telephone: 0837798256)(Email:mzimelaik@gmail.com)

Supervisor: Dr E. Mutambara
(Telephone: 0312608129) (Email:mutambarae@ukzn.ac.za)

Research Office: Humanities and Social Sciences Research
Ethics Administration, Govan Mbeki Building, Westville, Tel:
0362608350, Email: hssreclms@ukzn.ac.za

Dear Respondent,

I, Innocent Khethukuthula Mzimela am a MBA student, at the Graduate School of Business and Leadership, of the University of KwaZulu-Natal. You are invited to participate in a research project entitled: Investigating the impact of poor leadership on health care service delivery in Ladysmith Provincial Hospital. The aim of this study is to investigate the leadership challenges being experienced by LPH, as well as its effects on healthcare service delivery.

Through your participation I hope to understand the challenges affecting the leadership of LPH, the challenges affecting healthcare service delivery and establish measures that can be put in place to ensure effective leadership at LPH.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this interview. Confidentiality and anonymity of records identifying you as a participant will be maintained by the Graduate School of Business

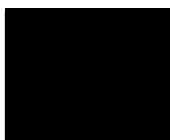
and Leadership, UKZN.

If you have any questions or concerns about participating in the interview or about participating in this study, you may contact me or my supervisor at the numbers listed above.

The interview should take about 45 minutes to an hour. I hope you will take the time to participate.

Sincerely

Investigator's signature _____ Date _____



Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 **Email:** hssrec@ukzn.ac.za **Website:** <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS



Physical Address 32 Lyell Street Ladysmith
Postal Address : Private Bag 9958
Tell: 036 631 2202 Fax: 036 631 0530
Email: nomalanga.ndhlovu@kznhealth.gov.za www.kznhealth.gov.za

Uthukela District Office

Enquiries: Mrs NC Ndhlovu
Date: 10 February 2022

Khethukuthula Innocent Mzimela
Student number: 208505316

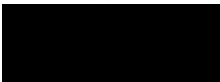
RE: PERMISSION TO CONDUCT RESEARCH AT UTHUKELA DISTRICT

I have pleasure in informing you that permission has been granted to you by the District Office to conduct research on **"Investigating the impact of leadership on health care service delivery in Ladysmith Provincial Hospital"**

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The District Office will not provide any resources for this research.
5. You will be expected to provide feedback on your findings to the District Office.

Thanking you.


MRS N.C NDHLOVU
ACTING DISTRICT DIRECTOR
UTHUKELA HEALTH DISTRICT



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/ 3189/ 3123 Fax: 033 394 3782
Email: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

DIRECTORATE:

Health Research & Knowledge
Management

NHRD Ref: KZ_202202_002

Dear KI Mzimela
(UKZN)

Approval of research

1. The research proposal titled '**Investigating the Impact of leadership on health care service delivery in Ladysmith Provincial Hospital**' was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

The proposal is hereby **approved** for research to be undertaken at Ladysmith Hospital.

2. You are requested to take note of the following:
 - a. *All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to: regulations concerning social distancing, the wearing of personal protective equipment, and limitations on meetings and social gatherings.*
 - b. *Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.*
 - c. *Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.*
 - d. *Provide an interim progress report and final report (electronic and hard copies) when your research is complete to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za*
 - e. *Please note that the Department of Health shall not be held liable for any injury that occurs as a result of this study.*

For any additional information please contact Mr X. Xaba on 033-395 2805.



Dr E Lutge
Chairperson, Health Research Committee
Date: 15/02/2022

